

SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>	Master Bill of Lading Number: 06757163000907571
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SHIP TO		Name: HUBGROUP FONTANA CROSSDOCK DC#: _____ Div. _____ Address: 13204 Philadelphia Ave City/State/Zip: FONTANA, CA 92337 SID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: HUB CITY GROUP Trailer number: 7563 Seal number(s): 35521835 SCAC: HGLS Pro Number: 14024817901
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THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____	Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING <table style="width:100%; border: none;"> <tr> <td style="border: none;">Appointment Time</td> <td style="border: none;">Actual Driver Arrival Time</td> <td style="border: none;">Driver Departure Time</td> </tr> <tr> <td style="border: none; text-align: center;">AM</td> <td style="border: none; text-align: center;">AM</td> <td style="border: none; text-align: center;">AM</td> </tr> <tr> <td style="border: none; text-align: center;">PM</td> <td style="border: none; text-align: center;">PM</td> <td style="border: none; 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										
SPECIAL INSTRUCTIONS: Load #: 5017665406												

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
20TD69	11	32.67	Y	N	06757163000907434	96150	
20VRP2	105	875.21	Y	N	06757163000907397	96100	
20VRP4	94	644.69	Y	N	06757163000907540	96920	
20VRQ2	100	880.29	Y	N	06757163000907489	96540	
20VRQ3	78	527.15	Y	N	06757163000907557	96930	
20VSK6	77	707.28	Y	N	06757163000907519	96800	
20VSR0	62	269.34	Y	N	06757163000907526	96900	
20VSR2	63	456.07	Y	N	06757163000907472	96500	
20VT95	55	343.35	Y	N	06757163000907403	96120	
20VTC7	50	197.37	Y	N	06757163000907502	96700	
20VTD0	42	138.60	Y	N	06757163000907533	96910	
20VTD1	40	132.00	Y	N	06757163000907380	96000	
20VTD5	42	300.45	Y	N	06757163000907410	96130	

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.
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SHIP FROM		Master Bill of Lading Number: 06757163000907571
Name: E & E COMPANY LTD		
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: HUB CITY GROUP
Name: HUBGROUP FONTANA	DC#: _____	
CROSSDOCK	Div. _____	
Address: 13204 Philadelphia Ave		Trailer number: 7563
		Seal number(s): 35521835
City/State/Zip: FONTANA, CA 92337		SCAC: HGLS
SID#: _____	FOB: <input type="checkbox"/>	Pro Number: 14024817901

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name: _____		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
Address: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED		
City/State/Zip: _____		(check box) UNDERLYING BILLS OF LANDING		
SPECIAL INSTRUCTIONS: Load #: 5017665406		Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
20VTD6	36	118.80	Y	N	06757163000907441	96160	
20VTD9	40	337.01	Y	N	06757163000907496	96600	
20VTF2	35	169.45	Y	N	06757163000907427	96140	
20VTF4	37	305.53	Y	N	06757163000907465	96300	
20VTF7	24	79.20	Y	N	06757163000907564	96970	
20VTF8	14	67.78	Y	N	06757163000907458	96170	
Grand Total	1005	6582.24					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
29	Pallet			1450.00		Pallet		70
		11	ctns	32.67		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
		303	ctns	4269.27		Mattress Pads	149265	100

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

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

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RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, 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.
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SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>	Master Bill of Lading Number: 06757163000907571
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SHIP TO		Name: HUBGROUP FONTANA CROSSDOCK DC#: _____ Div. _____ Address: 13204 Philadelphia Ave City/State/Zip: FONTANA, CA 92337 SID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: HUB CITY GROUP Trailer number: 7563 Seal number(s): 35521835 SCAC: HGLS Pro Number: 14024817901
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THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 5017665406	Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM

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
		691	ctns	2280.30		Sheet Set & Pillowcase	49260 Sub 3	250
29				8032.24		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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MASTER BILL OF LADING

ESTIMATED PICK UP DATE: 7/15/2024

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

Contact: ALEX GONZALEZ

BILL OF LADING :5017665406

TRAILER # SEAL #

7563

35521835

ORDER # : 1038319_ALC72962266S, 1038319_AMS72981783S,
1038319_ARD72963872S, 1038319_BES72963318S, 1038319_BLA72986460S,
1038319_BTH72982282S, 1038319_FLT72985203S, 1038319_IND72963870S,
1038319_JAC72963871S, 1038319_JAN72964942S, 1038319_JON72962787S,
1038319_LEB72961174S, 1038319_LGV72964943S, 1038319_MAR72961736S,
1038319_SAT72962786S, 1038319_SBO72962267S, 1038319_SCV72962788S,
1038319_WAL72962789S, 1038319_ZAN72963869S

CR ALC72962266S
CR AMS72981783S
CR ARD72963872S
CR BES72963318S
CR BLA72986460S
CR BTH72982282S
CR FLT72985203S
CR IND72963870S
CR JAC72963871S
CR JAN72964942S
CR JON72962787S
CR LEB72961174S
CR LGV72964943S
CR MAR72961736S
CR SAT72962786S
CR SBO72962267S
CR SCV72962788S
CR WAL72962789S
CR ZAN72963869S
P8 20TD69-01
P8 20VRP2-01
P8 20VRP4-01
P8 20VRQ2-01
P8 20VRQ3-01
P8 20VSK6-01
P8 20VSR0-01
P8 20VSR2-01
P8 20VT95-01
P8 20VTC7-01
P8 20VTD0-01
P8 20VTD1-01
P8 20VTD5-01
P8 20VTD6-01
P8 20VTD9-01
P8 20VTF2-01
P8 20VTF4-01
P8 20VTF7-01
P8 20VTF8-01
PO 20TD69-01
PO 20VRP2-01
PO 20VRP4-01
PO 20VRQ2-01
PO 20VRQ3-01
PO 20VSK6-01
PO 20VSR0-01
PO 20VSR2-01
PO 20VT95-01
PO 20VTC7-01
PO 20VTD0-01
PO 20VTD1-01
PO 20VTD5-01
PO 20VTD6-01
PO 20VTD9-01
PO 20VTF2-01
PO 20VTF4-01
PO 20VTF7-01
PO 20VTF8-01

CONSIGNEE

Name: HUBGROUP FONTANA CROSSDOCK

Address: 13204 PHILADELPHIA AVE YARD

City/State/Zip: FONTANA, CA 92337

Contact:

CARRIER

CARRIER NAME: HUB HIGHWAY SERVICES

SCAC: HHWY

PRO NUMBER: 14024817901

14024817901

QUOTE NUMBER:

THIRD PARTY FREIGHT CHARGES BILL TO

Freight Charge Terms :

MASTER BILL OF LADING

Name: DOLLAR GENERAL C/O HUB GROUP

Address: 2001 HUB GROUP WAY

City/State/Zip: OAK BROOK, IL 60523

(freight charges are prepaid unless marked otherwise)

Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:

70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1885,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2206,70929803,70930201,Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2326,70930194,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2430 | STOP#:1 PO - 20TD69-01; 20VRP2-01;20VRP4-01;20VRQ2-01;20VRQ3-01;20VSR0-01;20VSR2-01;20VT95-01;20VTC7-01;20VTD0-01;20VTD1-01;20VTD5-01;20VTD6-01; 20VTD9-01;20VTF2-01;20VTF4-01;20VTF7-01;20VTF8-01,STOP#:1 CR - ALC72962266S;AMS72981783S;ARD72963872S;BES72963318S;BLA72986460S; BTH72982282S;FLT72985203S;IND72963870S;JAC72963871S;JAN72964942S;JON72962787S;LEB72961174S;LGV72964943S;MAR72961736S; SAT72962786S;SBO72962267S;SCV72962788S;WAL72962789S;ZAN72963869S

SPECIAL SERVICES:

CARRIER INFO

PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					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. EMERGENCY PH # 1-800-535-5053		
1	11	83	115		GENERAL COMMODITIES	NMFC_CLASS	500.0
8	231	1443	921		GENERAL COMMODITIES	NMFC_CLASS	400.0
5	228	1844	576		GENERAL COMMODITIES	NMFC_CLASS	250.0
15	535	4661	1705		GENERAL COMMODITIES	NMFC_CLASS	300.0
29	1005	8031.00	3317.00		GRAND TOTAL		

CUSTOMER

CUSTOMER ORDER NUMBER	SKU	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
FLT72985203S		1	50	247	115	Y	N	
BTH72982282S		3	105	1025	346	Y	N	
AMS72981783S		1	11	83	115	Y	N	
LGV72964943S		1	36	169	115	Y	N	
JAN72964942S		1	42	350	115	Y	N	
WAL72962789S		1	14	118	115	Y	N	
SBO72962267S		2	63	556	231	Y	N	
SCV72962788S		1	40	182	115	Y	N	
ZAN72963869S		1	62	319	115	Y	N	
SAT72962786S		1	55	393	115	Y	N	
ARD72963872S		1	37	356	115	Y	N	
LEB72961174S		1	24	129	115	Y	N	
ALC72962266S		3	77	857	321	Y	N	
BES72963318S		2	78	627	231	Y	N	
JAC72963871S		1	35	219	115	Y	N	
IND72963870S		2	40	437	231	Y	N	
MAR72961736S		2	94	745	231	Y	N	
JON72962787S		1	42	189	115	Y	N	

MASTER BILL OF LADING

BLA72986460S		3	100	1030	346	Y	N	
GRAND TOTAL		29	1005	8031.00	3317.00			
PALLET TYPE								

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

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

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

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

 Shipper Signature

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

707C *7/15/24*

Trailer Loaded: Freight Counted:

By Shipper By Shipper
 By Driver 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 has the DOT emergency response.

James *7/15/24*
 Property described above is received in good order, except as

MASTER BILL OF LADING

SHIPPER

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

BILL OF LADING :5017665406

BL#: 1038319_AMS72981783S

CONSIGNEE

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

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
 SCAC:HHWY
 PRO NUMBER: [14024817901]
[14024817901]

THIRD PARTY FREIGHT CHARGES BILL TO

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

Freight Charge Terms :

(freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party X

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER

SPECIAL SERVICES:

CARRIER INFO

PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS
1	11	83	115		GENERAL COMMODITIES	NMFC_CLASS	500.0
1	11	83.00	115.00		GRAND TOTAL		

CUSTOMER

CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
AMS72981783S	1	11	83	115	Y N	
GRAND TOTAL	1	11	83.00	115.00		
PALLET TYPE						

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

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RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.

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

SHIPPER SIGNATURE / DATE

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

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

Shipper Signature _____

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response

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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5017665406
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_SAT72962786S

CONSIGNEE	CARRIER
Name: SAN ANTONIO DISTRIBUTION CENTE Address: 6601 CAL TURNER DR City/State/Zip: SAN ANTONIO, TX 78220 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]

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

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER

SPECIAL SERVICES:

CARRIER INFO

PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					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.		
1	55	393	115		GENERAL COMMODITIES	NMFC_CLASS	250.0
1	55	393.00	115.00		GRAND TOTAL		

CUSTOMER

CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
SAT72962786S	1	55	393	115	Y	N	
GRAND TOTAL	1	55	393.00	115.00			

PALLET TYPE

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

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

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted
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MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5017665406
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_LEB72961174S

CONSIGNEE	CARRIER
Name: LEBEC DISTRIBUTION CENTER Address: 4193 INDUSTRIAL PARKWAY DR City/State/Zip: LEBEC, CA 93243 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]

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

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES
CUSTOMS INSTRUCTION:
SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER

SPECIAL SERVICES:

CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS
1	24	129	115		GENERAL COMMODITIES	NMFC_CLASS	400.0
1	24	129.00	115.00		GRAND TOTAL		

CUSTOMER						
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
LEB72961174S	1	24	129	115	Y N	
GRAND TOTAL	1	24	129.00	115.00		

PALLET TYPE <small>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 _____."</small>	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)	
<small>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.</small>	<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small> Shipper Signature _____

SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>	Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response</small> Property described above is received in good order, except as noted
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MASTER BILL OF LADING

SHIPPER		BILL OF LADING :5017665406	
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:		BL#: 1038319_ALC72962266S	
CONSIGNEE		CARRIER	
Name: ALACHUA DISTRIBUTION CENTER Address: 12000 NW 173RD ST City/State/Zip: ALACHUA, FL 32615 Contact:		CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]	
THIRD PARTY FREIGHT CHARGES BILL TO		Freight Charge Terms :	
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK		(freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>	

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES			
CUSTOMS INSTRUCTION:			
SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER			
SPECIAL SERVICES:			

CARRIER INFO								
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS	
					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.			
3	77	857	321		GENERAL COMMODITIES	NMFC_CLASS	300.0	
3	77	857.00	321.00		GRAND TOTAL			

CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
ALC72962266S	3	77	857	321	Y	N	
GRAND TOTAL	3	77	857.00	321.00			

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted
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MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5017665406
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_BTH72982282S
CONSIGNEE	CARRIER
Name: BETHEL DISTRIBUTION CENTER Address: 30 MARTHA DR City/State/Zip: BETHEL, PA 19507 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]
THIRD PARTY FREIGHT CHARGES BILL TO	Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK	

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER

SPECIAL SERVICES:

CARRIER INFO

PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS
3	105	1025	346		GENERAL COMMODITIES	NMFC_CLASS	300.0
3	105	1025.00	346.00		GRAND TOTAL		

CUSTOMER

CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
BTH72982282S	3	105	1025	346	Y N	
GRAND TOTAL	3	105	1025.00	346.00		

<p><small>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:</small></p> <p>"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>
--	---

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><small>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.</small></p>	<p><small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p>
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<p>SHIPPER SIGNATURE / DATE</p> <p><small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small></p>	<p>Trailer Loaded: Freight Counted:</p> <p><input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p> <input type="checkbox"/> By Driver/Pieces</p>	<p>Shipper Signature _____</p> <p>CARRIER SIGNATURE / PICKUP DATE</p> <p><small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response</small></p> <p>Property described above is received in good order, except as noted</p>
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MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5017665406
Name: E E COLTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_MAR72961736S

CONSIGNEE	CARRIER
Name: DOLLAR GENERAL - MARION Address: 5575 DOLLAR GENERAL WAY City/State/Zip: MARION, IN 46952 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]

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

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER

SPECIAL SERVICES:

CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS
2	94	745	231		GENERAL COMMODITIES	NMFC_CLASS	250.0
2	94	745.00	231.00		GRAND TOTAL		

CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
MAR72961736S	2	94	745	231	Y N		
GRAND TOTAL	2	94	745.00	231.00			
PALLET TYPE							

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

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	Shipper Signature _____ CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response _____ Property described above is received in good order, except as noted
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MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5017665406
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_FLT72985203S

CONSIGNEE	CARRIER
Name: DOLLAR GENERAL - FULTON Address: 1900 CARDINAL DR City/State/Zip: FULTON, MO 65251 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]

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

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER

SPECIAL SERVICES:

CARRIER INFO

PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS
1	50	247	115		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	50	247.00	115.00		GRAND TOTAL		

CUSTOMER

CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
FLT72985203S	1	50	247	115	Y	N	
GRAND TOTAL	1	50	247.00	115.00			
PALLET TYPE							

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

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	Shipper Signature _____ CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted
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MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5017665406
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_LGV72964943S

CONSIGNEE	CARRIER
Name: LONGVIEW DISTRIBUTION CENTER Address: 3300 GEORGE RICHEY RD City/State/Zip: LONGVIEW, TX 75605 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]

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

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER

SPECIAL SERVICES:

CARRIER INFO

PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS
1	36	169	115		GENERAL COMMODITIES	NMFC_CLASS	400.0
1	36	169.00	115.00		GRAND TOTAL		

CUSTOMER

CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
LGV72964943S	1	36	169	115	Y N	
GRAND TOTAL	1	36	169.00	115.00		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	Shipper Signature _____ CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted
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MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5017665406
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_BES72963318S
CONSIGNEE	CARRIER
Name: BESSEMER DISTRIBUTION CENTER Address: 4101 LAKESHORE PKWY City/State/Zip: BESSEMER, AL 35022 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]
THIRD PARTY FREIGHT CHARGES BILL TO	Freight Charge Terms :
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK	(freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES
CUSTOMS INSTRUCTION:
SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER
SPECIAL SERVICES:

CARRIER INFO								
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS	
2	78	627	231		GENERAL COMMODITIES	NMFC_CLASS	300.0	
2	78	627.00	231.00		GRAND TOTAL			

CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
BES72963318S	2	78	627	231	Y	N	
GRAND TOTAL	2	78	627.00	231.00			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____

SHIPPER SIGNATURE / DATE	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5017665406
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_ARD72963872S

CONSIGNEE	CARRIER
Name: ARDMORE DISTRIBUTION CENTER Address: 401 GENERAL DR City/State/Zip: ARDMORE, OK 73401 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]

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

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER

SPECIAL SERVICES:

CARRIER INFO

PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					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.		
1	37	356	115		GENERAL COMMODITIES	NMFC_CLASS	250.0
1	37	356.00	115.00		GRAND TOTAL		

CUSTOMER

CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
ARD72963872S	1	37	356	115	Y	N	
GRAND TOTAL	1	37	356.00	115.00			

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted
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MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5017665406
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_IND72963870S

CONSIGNEE	CARRIER
Name: INDIANOLA DISTRIBUTION CENTER Address: 914 HIGHWAY 82 W City/State/Zip: INDIANOLA, MS 38751 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]

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

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES
CUSTOMS INSTRUCTION: SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER

SPECIAL SERVICES:

CARRIER INFO								
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS	
2	40	437	231		GENERAL COMMODITIES	NMFC_CLASS	400.0	
2	40	437.00	231.00		GRAND TOTAL			

CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
IND72963870S	2	40	437	231	Y	N	
GRAND TOTAL	2	40	437.00	231.00			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B) RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____
---	--

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted
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MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5017665406
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_JAN72964942S

CONSIGNEE	CARRIER
Name: JANESVILLE DISTRIBUTION CENTER Address: 101 INNOVATION DR City/State/Zip: JANESVILLE, WI 53546 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]

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

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER

SPECIAL SERVICES:

CARRIER INFO								
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS	
					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.			
1	42	350	115		GENERAL COMMODITIES	NMFC_CLASS	250.0	
1	42	350.00	115.00		GRAND TOTAL			

CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
JAN72964942S	1	42	350	115	Y	N	
GRAND TOTAL	1	42	350.00	115.00			

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted
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MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5017665406
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_WAL72962789S

CONSIGNEE	CARRIER
Name: WALTON DISTRIBUTION CENTER Address: 950 WENSTRUP LN City/State/Zip: WALTON, KY 41094 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]

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

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES
CUSTOMS INSTRUCTION:
SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER
SPECIAL SERVICES:

CARRIER INFO								
PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS	
					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.			
1	14	118	115		GENERAL COMMODITIES	NMFC_CLASS	400.0	
1	14	118.00	115.00		GRAND TOTAL			

CUSTOMER							
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
WAL72962789S	1	14	118	115	Y	N	
GRAND TOTAL	1	14	118.00	115.00			
PALLET TYPE							

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B) RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
---	---

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response _____ Property described above is received in good order, except as noted
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MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5017665406
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_ZAN72963869S

CONSIGNEE	CARRIER
Name: ZANESVILLE DISTRIBUTION CENTER Address: 2505 E POINTE DR City/State/Zip: ZANESVILLE, OH 43701 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]

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

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES
CUSTOMS INSTRUCTION:
SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER

SPECIAL SERVICES:

CARRIER INFO							
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS
1	62	319	115		GENERAL COMMODITIES	NMFC_CLASS	300.0
1	62	319.00	115.00		GRAND TOTAL		

CUSTOMER						
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
ZAN72963869S	1	62	319	115	Y N	
GRAND TOTAL	1	62	319.00	115.00		

PALLET TYPE Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B) RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted
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MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5017665406			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BL#: 1038319_JAC72963871S			
CONSIGNEE					CARRIER			
Name: JACKSON DISTRIBUTION CENTER Address: 200 JACKSON RD City/State/Zip: JACKSON, GA 30233 Contact:					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]			
THIRD PARTY FREIGHT CHARGES BILL TO								
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES								
CUSTOMS INSTRUCTION:								
SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER								
SPECIAL SERVICES:								
CARRIER INFO								
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>		NMFC#	CLASS
1	35	219	115		GENERAL COMMODITIES		NMFC_CLASS	400.0
1	35	219.00	115.00		GRAND TOTAL			
CUSTOMER								
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
JAC72963871S	1	35	219	115	Y N			
GRAND TOTAL	1	35	219.00	115.00				
PALLET TYPE								
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)								
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE			SHIPPER SIGNATURE / DATE			CARRIER SIGNATURE / PICKUP DATE		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver			Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
						Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response		
Property described above is received in good order, except as noted								

MASTER BILL OF LADING

SHIPPER		BILL OF LADING :5017665406	
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:		BL#: 1038319_JON72962787S	
CONSIGNEE		CARRIER	
Name: JONESVILLE DISTRIBUTION CENTER Address: 1451 SPARTANBURG HWY City/State/Zip: JONESVILLE, SC 29353 Contact:		CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]	
THIRD PARTY FREIGHT CHARGES BILL TO		Freight Charge Terms :	
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK , IL OAK BROOK		(freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>	

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES	
CUSTOMS INSTRUCTION:	
SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER	
SPECIAL SERVICES:	

CARRIER INFO								
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS	
1	42	189	115		GENERAL COMMODITIES	NMFC_CLASS	400.0	
1	42	189.00	115.00		GRAND TOTAL			

CUSTOMER						
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
JON72962787S	1	42	189	115	Y N	
GRAND TOTAL	1	42	189.00	115.00		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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 Property described above is received in good order, except as noted
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MASTER BILL OF LADING

SHIPPER

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

BILL OF LADING :5017665406

BL#: 1038319_BLA72986460S

CONSIGNEE

Name: BLAIR DISTRIBUTION CENTER
 Address: 1200 S 10TH ST
 City/State/Zip: BLAIR, NE 68008
 Contact:

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
 SCAC:HHWY
 PRO NUMBER: [14024817901]
[14024817901]

THIRD PARTY FREIGHT CHARGES BILL TO

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

Freight Charge Terms :

(freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party X

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER

SPECIAL SERVICES:

CARRIER INFO

PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					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.		
3	100	1030	346		GENERAL COMMODITIES	NMFC_CLASS	300.0
3	100	1030.00	346.00		GRAND TOTAL		

CUSTOMER

CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
BLA72986460S	3	100	1030	346	Y	N	
GRAND TOTAL	3	100	1030.00	346.00			

PALLET TYPE

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

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

- By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response

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

MASTER BILL OF LADING

SHIPPER

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

BILL OF LADING :5017665406

BL#: 1038319_SBO72962267S

CONSIGNEE

Name: SOUTH BOSTON DISTRIBUTION CENT
 Address: 3207 PHILPOTT RD
 City/State/Zip: SOUTH BOSTON, VA 24592
 Contact:

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
 SCAC:HHWY
 PRO NUMBER: [14024817901]
[14024817901]

THIRD PARTY FREIGHT CHARGES BILL TO

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

Freight Charge Terms :

(freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party X

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER

SPECIAL SERVICES:

CARRIER INFO

PALLETS	QTY	WEIGHT (LB)	CUBE	H.M.(X)	COMMODITY DESCRIPTION	NMFC#	CLASS
					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.		
2	63	556	231		GENERAL COMMODITIES	NMFC_CLASS	300.0
2	63	556.00	231.00		GRAND TOTAL		

CUSTOMER

CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
SBO72962267S	2	63	556	231	Y	N	
GRAND TOTAL	2	63	556.00	231.00			

PALLET TYPE

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

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

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

- By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response

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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5017665406
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:	BL#: 1038319_SCV72962788S

CONSIGNEE	CARRIER
Name: SCOTTSVILLE DISTRIBUTION CENTE Address: 427 BEECH ST City/State/Zip: SCOTTSVILLE, KY 42164 Contact:	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: [14024817901] [14024817901]

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

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES
CUSTOMERS INSTRUCTION:
SPECIAL INSTRUCTION:70930072,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70900537,Number of miles: 2824, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930205,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929805,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929804,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929802,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930199, Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930207,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930206,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930200,Number of miles: 2036, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930197,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930202,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930198,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70929803,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930201, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930195,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930196,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930203,Number of miles: 2326, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,70930194,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER
SPECIAL SERVICES:


CARRIER INFO								
PALLETS	QTY	WEIGHT (LB)	CUBE	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.</small>	NMFC#	CLASS	
1	40	182	115		GENERAL COMMODITIES	NMFC_CLASS	400.0	
1	40	182.00	115.00		GRAND TOTAL			

CUSTOMER						
CUSTOMER ORDER NUMBER	PALLETS	QTY	WEIGHT (LB)	CUBE	PALLETS/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
SCV72962788S	1	40	182	115	Y N	
GRAND TOTAL	1	40	182.00	115.00		

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

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B) RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/ herself and his/her assigns.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____
---	--

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted
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SHIP FROM		Bill of Lading Number: 06757163000907519										
Name: E & E COMPANY LTD		 (402)06757163000907519										
Address: 221 Hanson Way												
City/State/Zip: Woodland, CA 95776												
SID#:												
PHONE:		CARRIER NAME: HUB CITY GROUP										
VENDOR:		Responsible Acct.No:										
SHIP TO		Trailer number: 7563										
Name: DOLGEN - ALACHUA DC Location #: 96800		Seal number(s): 35521835										
Address: 12000 Nw 173 Street		SCAC: HGSL										
96800		Pro Number: 14024817901										
City/State/Zip: Alachua, FL 32615-8141												
CID#:												
Dept: 00 FOB: <input type="checkbox"/>												
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:												
SPECIAL INSTRUCTIONS:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </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										
Load #: 5017665406												
Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VSK6	77	707.28	Y N	
Grand Total	77	707.28		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		35	ctns	115.50		Sheet Set & Pillowcase	49260 Sub 3	250
		42	ctns	591.78		Mattress Pads	149265	100
3		77		857.28		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: <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. <div style="text-align: right;">Shipper Signature</div>
--	---

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.
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SHIP FROM		Bill of Lading Number: 06757163000907458	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000907458	
SHIP TO		CARRIER NAME: HUB CITY GROUP	
Name: DOLGEN - WALTON DC Location #: 96170 Address: 950 Wenstrup Lane 96170 City/State/Zip: Walton, KY 41094 CID#: _____ Dept: 00		Responsible Acct.No: _____ Trailer number: 7563 Seal number(s): 35521835	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HGLS Pro Number: 14024817901	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 5017665406 Packing List is Attached		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VTF8	14	67.78	Y N	
Grand Total	14	67.78		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	28.18		Mattress Pads	149265	100
		12	ctns	39.60		Sheet Set & Pillowcase	49260 Sub 3	250
1		14		117.78		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. <div style="text-align: right;">Shipper Signature</div>
--	---

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.
--	--	--	---

Bill Of Lading

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

Bill of Lading Number: 06757163000907557

 (402)06757163000907557

SHIP TO
 Name: DOLGEN - BESSEMER DC Location #: 96930
 Address: 4101 Lakeshore Pkwy
 96930
 City/State/Zip: Bessemer, AL 35022
 CID#:
 Dept: 00 FOB:

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No:
 Trailer number: 7563
 Seal number(s): 35521835
SCAC: HGLS
Pro Number: 14024817901

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** X **3rd Party:**
 Master Bill of Lading: with attached underlying Bills of Lading

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

SPECIAL INSTRUCTIONS:
 Load #: 5017665406
 Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
20VRQ3	78	527.15	Y	N	
Grand Total	78	527.15			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		25	ctns	352.25		Mattress Pads	149265	100
		53	ctns	174.90		Sheet Set & Pillowcase	49260 Sub 3	250
2		78		627.15		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.

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

Bill of Lading Number: 06757163000907496

 (402)06757163000907496

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No:
 Trailer number: 7563
 Seal number(s): 35521835
SCAC: HGLS
Pro Number: 14024817901

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

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** X **3rd Party:**
 Master Bill of Lading: with attached underlying Bills of Lading (check box)

SPECIAL INSTRUCTIONS:
 Load #: 5017665406
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VTD9	40	337.01	Y N	
Grand Total	40	337.01		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		19	ctns	267.71		Mattress Pads	149265	100
		21	ctns	69.30		Sheet Set & Pillowcase	49260 Sub 3	250
2		40		437.01		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.

SHIP FROM		Bill of Lading Number: 06757163000907410	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000907410	
SHIP TO		CARRIER NAME: HUB CITY GROUP	
Name: DOLGEN- JANESVILLE DC Location #: 96130 Address: 101 Innovation Drive 96130 City/State/Zip: Janesville, WI 53546 CID#: _____ Dept: 00 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 7563 Seal number(s): 35521835	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HGLS Pro Number: 14024817901	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 5017665406 Packing List is Attached		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
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
20VTD5	42	300.45	Y	N	
Grand Total	42	300.45			


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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	211.35		Mattress Pads	149265	100
		27	ctns	89.10		Sheet Set & Pillowcase	49260 Sub 3	250
1		42		350.45		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: <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. <p style="text-align: right;">Shipper Signature</p>
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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.
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SHIP FROM		Bill of Lading Number: 06757163000907380	
Name: E & E COMPANY LTD		 (402)06757163000907380	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
FOB: <input type="checkbox"/>		Trailer number: 7563	
SHIP TO		Seal number(s): 35521835	
Name: DOLGEN - SCOTTSVILLE DC Location #: 96000		SCAC: HGLS	
Address: 427 Beech Street		Pro Number: 14024817901	
96000			
City/State/Zip: Scottsville, KY 42164-1698			
CID#:			
Dept: 00			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 5017665406 Packing List is Attached		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VTD1	40	132.00	Y N	
Grand Total	40	132.00		

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		40	ctns	132.00		Sheet Set & Pillowcase	49260 Sub 3	250
1		40		182.00		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 style="text-align: center;">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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<p>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.</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 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>
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Bill Of Lading

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

Bill of Lading Number: 06757163000907403

 (402)06757163000907403

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No:
 Trailer number: 7563
 Seal number(s): 35521835

SHIP TO
 Name: DOLGEN - SAN ANTONIO DC Location #: 96120
 Address: 6601 Cal Turner Drive
 96120
 City/State/Zip: San Antonio, TX 78220
 CID#:
 Dept: 00 FOB:

SCAC: HGLS
Pro Number: 14024817901

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

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

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

SPECIAL INSTRUCTIONS:
 Load #: 5017665406
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VT95	55	343.35	Y N	
Grand Total	55	343.35		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	211.35		Mattress Pads	149265	100
		40	ctns	132.00		Sheet Set & Pillowcase	49260 Sub 3	250
1		55		393.35		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.

SHIP FROM		Bill of Lading Number: 06757163000907434	
Name: E & E COMPANY LTD		 (402)06757163000907434	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 7563	
Name: DOLGEN - AMSTERDAM DC Location #: 96150		Seal number(s): 35521835	
Address: 2041 State Highway 5 South		SCAC: HGLS	
96150		Pro Number: 14024817901	
City/State/Zip: Amsterdam, NY 12010			
CID#:			
Dept: 00			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 5017665406		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20TD69	11	32.67	Y N	
Grand Total	11	32.67		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	32.67		Assorted Products of Different Class and NMFC No.	49260 Sub 4	175
1		11		82.67		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.
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Date: 7/15/2024 1:51:48 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - JONESVILLE DC Location #: 96910
Address:	221 Hanson Way	Address:	1451 Spartanburg Hwy 96910
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Jonesville, SC 29353
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000907533		Trailer number: 7563	
		Seal number(s): 35521835	
(402)06757163000907533		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 14024817901	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached (check box)		3rd Party: <input type="checkbox"/>	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 5017665406			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VTD0	42	138.60	Y N	
Grand Total	42	138.60		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		42	ctns	138.60		Sheet Set & Pillowcase	49260 Sub 3	250
1		42		188.60		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: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Bill of Lading Number: 06757163000907472

 (402)06757163000907472

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No:
 Trailer number: 7563
 Seal number(s): 35521835

SCAC: HGLS
Pro Number: 14024817901

SHIP TO
 Name: DOLGEN - SOUTH BOSTON DC Location #: 96500
 Address: 3207 Philpott Road
 US Hwy 58/360, 96500
 City/State/Zip: South Boston, VA 24592-6607
 CID#:
 Dept: 00 FOB:

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

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

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

SPECIAL INSTRUCTIONS:
 Load #: 5017665406
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VSR2	63	456.07	Y N	
Grand Total	63	456.07		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		23	ctns	324.07		Mattress Pads	149265	100
		40	ctns	132.00		Sheet Set & Pillowcase	49260 Sub 3	250
2		63		556.07		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.

SHIP FROM		Bill of Lading Number: 06757163000907502	
Name: E & E COMPANY LTD		 (402)06757163000907502	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 7563	
Name: DOLGEN - FULTON DC Location #: 96700		Seal number(s): 35521835	
Address: 1900 Cardinal Drive		SCAC: HGLS	
City/State/Zip: Callaway, 96700		Pro Number: 14024817901	
City/State/Zip: Fulton, MO 65251-7250			
CID#:			
Dept: 00 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 5017665406		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VTC7	50	197.37	Y N	
Grand Total	50	197.37		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	42.27		Mattress Pads	149265	100
		47	ctns	155.10		Sheet Set & Pillowcase	49260 Sub 3	250
1		50		247.37		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: <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.
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Date: 7/15/2024 1:51:46 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - BLAIR DRY DC Location #: 96540
Address:	221 Hanson Way	Address:	1200 South 10th Street 96540
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Blair, NE 68008
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000907489		Trailer number: 7563	
		Seal number(s): 35521835	
(402)06757163000907489		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 14024817901	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party: <input type="checkbox"/>	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
		AM AM AM	
		PM PM PM	
SPECIAL INSTRUCTIONS:		CUSTOMER ORDER INFORMATION	
Load #: 5017665406		CUSTOMER ORDER NUMBER	
Packing List is Attached		# PKGS	
		WEIGHT	
		PALLET/SLIP	
		ADDITIONAL SHIPPER INFO	
		20VRQ2	
		Grand Total	
		100	
		880.29	
		Y N	
		100	
		880.29	

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		51	ctns	718.59		Mattress Pads	149265	100
		49	ctns	161.70		Sheet Set & Pillowcase	49260 Sub 3	250
3		100		1030.29		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.

Date: 7/15/2024 1:51:45 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000907564	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000907564	
SHIP TO		CARRIER NAME: HUB CITY GROUP	
Name: DOLGEN- CALIFORNIA DC Location #: 96970 Address: 4193 Industrial Parkway Drive 96970 City/State/Zip: Lebec, CA 93243 CID#: _____ Dept: 00		Responsible Acct.No: _____ Trailer number: 7563 Seal number(s): 35521835	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HGLS Pro Number: 14024817901	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 5017665406 Packing List is Attached		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VTF7	24	79.20	Y N	
Grand Total	24	79.20		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		24	ctns	79.20		Sheet Set & Pillowcase	49260 Sub 3	250
1		24		129.20		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. <p style="text-align: right;">Shipper Signature</p>
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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.
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Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000907526	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000907526	
SHIP TO		CARRIER NAME: HUB CITY GROUP	
Name: DOLGEN - ZANESVILLE DC Location #: 96900 Address: 2505 East Pointe Drive 96900 City/State/Zip: Zanesville, OH 43701-7761 CID#: _____ Dept: 00 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 7563 Seal number(s): 35521835	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HGLS Pro Number: 14024817901	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 5017665406 Packing List is Attached		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time Actual Driver Arrival Time Driver Departure Time AM AM AM PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VSR0	62	269.34	Y N	
Grand Total	62	269.34		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		6	ctns	84.54		Mattress Pads	149265	100
		56	ctns	184.80		Sheet Set & Pillowcase	49260 Sub 3	250
1		62		319.34		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. <p style="text-align: right;">Shipper Signature</p>
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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.
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SHIP FROM		Bill of Lading Number: 06757163000907427	
Name: E & E COMPANY LTD		 (402)06757163000907427	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: HUB CITY GROUP Responsible Acct.No:	
SID#:			
PHONE:		Trailer number: 7563 Seal number(s): 35521835	
VENDOR: _____ FOB: <input type="checkbox"/>			

SHIP TO		SCAC: HGSL	
Name: DOLGEN- JACKSON DC	Location #: 96140	Pro Number: 14024817901	
Address: 200 Jackson Road			
City/State/Zip: Jackson, GA 30233		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
CID#:			
Dept: 00	FOB: <input type="checkbox"/>	Prepaid: _____ Collect: X 3rd Party: _____	

THIRD PARTY FREIGHT CHARGES BILL TO:		Appointment Time			Actual Driver Arrival Time			Driver Departure Time		
Name:		AM			AM			AM		
Address:		PM			PM			PM		
City/State/Zip:		<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading								
SPECIAL INSTRUCTIONS: Load #: 5017665406 Packing List is Attached										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VTF2	35	169.45	Y N	
Grand Total	35	169.45		

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	70.45		Mattress Pads	149265	100
		30	ctns	99.00		Sheet Set & Pillowcase	49260 Sub 3	250
1		35		219.45		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: <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.
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Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000907465	
Name: E & E COMPANY LTD		 (402)06757163000907465	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 7563	
Name: DOLGEN - ARDMORE DC Location #: 96300		Seal number(s): 35521835	
Address: 401 General Drive		SCAC: HGLS	
City/State/Zip: Ardmore Industrial Air Pa, 96300		Pro Number: 14024817901	
City/State/Zip: Ardmore, OK 73401-0000			
CID#:			
Dept: 00			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 5017665406		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VTF4	37	305.53	Y N	
Grand Total	37	305.53		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	239.53		Mattress Pads	149265	100
		20	ctns	66.00		Sheet Set & Pillowcase	49260 Sub 3	250
1		37		355.53		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

<p>SHIPPER SIGNATURE / DATE</p> <p><small>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.</small></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><small>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.</small></p>
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Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000907441	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000907441	
SHIP TO		CARRIER NAME: HUB CITY GROUP	
Name: DOLGEN - LONGVIEW DC Location #: 96160 Address: 3300 E. George Richey Road 96160 City/State/Zip: Longview, TX 75605 CID#: _____ Dept: 00 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 7563 Seal number(s): 35521835	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HGLS Pro Number: 14024817901	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 5017665406 Packing List is Attached		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
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
20VTD6	36	118.80	Y	N	
Grand Total	36	118.80			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		36	ctns	118.80		Sheet Set & Pillowcase	49260 Sub 3	250
1		36		168.80		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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<p>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.</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 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>
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SHIP FROM		Bill of Lading Number: 06757163000907397	
Name: E & E COMPANY LTD		 (402)06757163000907397	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 7563	
Name: DOLGEN - BETHEL DC Location #: 96100		Seal number(s): 35521835	
Address: 30 Martha Dr		SCAC: HGSL	
City/State/Zip: Bethel, PA 19507		Pro Number: 14024817901	
CID#:			
Dept: 00			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM AM AM	
Load #: 5017665406		PM PM PM	
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VRP2	105	875.21	Y N	
Grand Total	105	875.21		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		49	ctns	690.41		Mattress Pads	149265	100
		56	ctns	184.80		Sheet Set & Pillowcase	49260 Sub 3	250
3		105		1025.21		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.
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SHIP FROM		Bill of Lading Number: 06757163000907540	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000907540	
SHIP TO		CARRIER NAME: HUB CITY GROUP	
Name: DOLGEN - MARION DC Location #: 96920 Address: 5575 East Dollar General 96920 City/State/Zip: Marion, IN 46952 CID#: _____ Dept: 00 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 7563 Seal number(s): 35521835	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HGSL Pro Number: 14024817901	
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 5017665406 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time Actual Driver Arrival Time Driver Departure Time AM AM AM PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
20VRP4	94	644.69	Y N	
Grand Total	94	644.69		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		31	ctns	436.79		Mattress Pads	149265	100
		63	ctns	207.90		Sheet Set & Pillowcase	49260 Sub 3	250
2		94		744.69		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.
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Order No.: 70930072 Order Date: 07/02/2024 Customer: DOLGEN - ALACHUA DC Customer PO No.: 20VSK6

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - ALACHUA DC 12000 NW 173 STREET ALACHUA, FL 32615-8141 US	Shipping Date: 07/15/2024 Shipment No.: 300090751
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	336	42	336	42
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	420	35	420	35

Total Weight:	707.28
Total Quantity Ordered:	756
Total Cartons Ordered:	77
Total Quantity Shipped:	756
Total Cartons Shipped:	77

Order No.: 70930203 Order Date: 07/02/2024 Customer: DOLGEN - WALTON DC Customer PO No.: 20VTF8

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - WALTON DC 950 WENSTRUP LANE WALTON, KY 41094 US	Shipping Date: 07/15/2024 Shipment No.: 300090745
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	16	2	16	2
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	144	12	144	12

Total Weight:	67.78
Total Quantity Ordered:	160
Total Cartons Ordered:	14
Total Quantity Shipped:	160
Total Cartons Shipped:	14

Order No.: 70929805 Order Date: 07/02/2024 Customer: DOLGEN - BESSEMER DC Customer PO No.: 20VRQ3

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - BESSEMER DC 4101 LAKESHORE PKWY BESSEMER, AL 35022 US	Shipping Date: 07/15/2024 Shipment No.: 300090755
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	200	25	200	25
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	636	53	636	53

Total Weight:	527.15
Total Quantity Ordered:	836
Total Cartons Ordered:	78
Total Quantity Shipped:	836
Total Cartons Shipped:	78

Order No.: 70930207 Order Date: 07/02/2024 Customer: DOLGEN- INDIANOLA DC Customer PO No.: 20VTD9

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN- INDIANOLA DC 914 HWY 82 W INDIANOLA, MS 38751 US	Shipping Date: 07/15/2024 Shipment No.: 300090749
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	152	19	152	19
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	252	21	252	21

Total Weight:	337.01
Total Quantity Ordered:	404
Total Cartons Ordered:	40
Total Quantity Shipped:	404
Total Cartons Shipped:	40

Order No.: 70930200 Order Date: 07/02/2024 Customer: DOLGEN- JANESVILLE Customer PO No.: 20VTD5
 DC

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN- JANESVILLE DC 101 INNOVATION DRIVE JANESVILLE, WI 53546 US	Shipping Date: 07/15/2024 Shipment No.: 300090741
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	120	15	120	15
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	324	27	324	27

Total Weight:	300.45
Total Quantity Ordered:	444
Total Cartons Ordered:	42
Total Quantity Shipped:	444
Total Cartons Shipped:	42

Order No.: 70930196 Order Date: 07/02/2024 Customer: DOLGEN - SCOTTSVILLE DC Customer PO No.: 20VTD1

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - SCOTTSVILLE DC 427 BEECH STREET SCOTTSVILLE, KY 42164-1698 US	Shipping Date: 07/15/2024 Shipment No.: 300090738
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	480	40	480	40

Total Weight:	132
Total Quantity Ordered:	480
Total Cartons Ordered:	40
Total Quantity Shipped:	480
Total Cartons Shipped:	40

Order No.: 70930201 Order Date: 07/02/2024 Customer: DOLGEN - SAN ANTONIO DC Customer PO No.: 20VT95

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - SAN ANTONIO DC 6601 CAL TURNER DRIVE SAN ANTONIO, TX 78220 US	Shipping Date: 07/15/2024 Shipment No.: 300090740
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	120	15	120	15
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	480	40	480	40

Total Weight:	343.35
Total Quantity Ordered:	600
Total Cartons Ordered:	55
Total Quantity Shipped:	600
Total Cartons Shipped:	55

Order No.: 70900537 Order Date: 06/28/2024 Customer: DOLGEN - AMSTERDAM DC Customer PO No.: 20TD69

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - AMSTERDAM DC 2041 STATE HIGHWAY 5 SOUTH AMSTERDAM, NY 12010 US	Shipping Date: 07/15/2024 Shipment No.: 300090743
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-064	430000387892	Microfiber Pillow Protector	EA	12	132	11	132	11

Total Weight:	32.67
Total Quantity Ordered:	132
Total Cartons Ordered:	11
Total Quantity Shipped:	132
Total Cartons Shipped:	11

Order No.: 70930197 Order Date: 07/02/2024 Customer: DOLGEN - JONESVILLE Customer PO No.: 20VTD0
DC

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - JONESVILLE DC 1451 SPARTANBURG HWY JONESVILLE, SC 29353 US	Shipping Date: 07/15/2024 Shipment No.: 300090753
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	504	42	504	42

Total Weight:	138.6
Total Quantity Ordered:	504
Total Cartons Ordered:	42
Total Quantity Shipped:	504
Total Cartons Shipped:	42

Order No.: 70930195 Order Date: 07/02/2024 Customer: DOLGEN - SOUTH BOSTON DC Customer PO No.: 20VSR2

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - SOUTH BOSTON DC 3207 PHILPOTT ROAD US HWY 58/360 SOUTH BOSTON, VA 24592-6607 US	Shipping Date: 07/15/2024 Shipment No.: 300090747
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	184	23	184	23
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	480	40	480	40

Total Weight:	456.07
Total Quantity Ordered:	664
Total Cartons Ordered:	63
Total Quantity Shipped:	664
Total Cartons Shipped:	63

Order No.: 70930199 Order Date: 07/02/2024 Customer: DOLGEN - FULTON DC Customer PO No.: 20VTC7

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - FULTON DC 1900 CARDINAL DRIVE CALLAWAY FULTON, MO 65251-7250 US	Shipping Date: 07/15/2024 Shipment No.: 300090750
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	24	3	24	3
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	564	47	564	47

Total Weight:	197.37
Total Quantity Ordered:	588
Total Cartons Ordered:	50
Total Quantity Shipped:	588
Total Cartons Shipped:	50

Order No.: 70929804 Order Date: 07/02/2024 Customer: DOLGEN - BLAIR DRY DC Customer PO No.: 20VRQ2

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - BLAIR DRY DC 1200 SOUTH 10TH STREET BLAIR, NE 68008 US	Shipping Date: 07/15/2024 Shipment No.: 300090748
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	408	51	408	51
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	588	49	588	49

Total Weight:	880.29
Total Quantity Ordered:	996
Total Cartons Ordered:	100
Total Quantity Shipped:	996
Total Cartons Shipped:	100

Order No.: 70930202 Order Date: 07/02/2024 Customer: DOLGEN- CALIFORNIA DC Customer PO No.: 20VTF7

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
DOLLAR GENERAL
CORPORATION CO.111
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072
US

SHIP TO:
DOLGEN- CALIFORNIA DC
4193 INDUSTRIAL PARKWAY
DRIVE
LEBEC, CA 93243
US

Shipping Date:
07/15/2024

Shipment No.:
300090756

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	288	24	288	24

Total Weight: 79.2
Total Quantity Ordered: 288
Total Cartons Ordered: 24
Total Quantity Shipped: 288
Total Cartons Shipped: 24

Order No.: 70930194 Order Date: 07/02/2024 Customer: DOLGEN - ZANESVILLE Customer PO No.: 20VSR0
DC

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - ZANESVILLE DC 2505 EAST POINTE DRIVE ZANESVILLE, OH 43701-7761 US	Shipping Date: 07/15/2024 Shipment No.: 300090752
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	48	6	48	6
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	672	56	672	56

Total Weight:	269.34
Total Quantity Ordered:	720
Total Cartons Ordered:	62
Total Quantity Shipped:	720
Total Cartons Shipped:	62

Order No.: 70930206 Order Date: 07/02/2024 Customer: DOLGEN- JACKSON DC Customer PO No.: 20VTF2

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN- JACKSON DC 200 JACKSON ROAD JACKSON, GA 30233 US	Shipping Date: 07/15/2024 Shipment No.: 300090742
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	40	5	40	5
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	360	30	360	30

Total Weight:	169.45
Total Quantity Ordered:	400
Total Cartons Ordered:	35
Total Quantity Shipped:	400
Total Cartons Shipped:	35

Order No.: 70930205 Order Date: 07/02/2024 Customer: DOLGEN - ARDMORE DC Customer PO No.: 20VTF4

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - ARDMORE DC 401 GENERAL DRIVE ARDMORE INDUSTRIAL AIR PA ARDMORE, OK 73401-0000 US	Shipping Date: 07/15/2024 Shipment No.: 300090746
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	136	17	136	17
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	240	20	240	20

Total Weight:	305.53
Total Quantity Ordered:	376
Total Cartons Ordered:	37
Total Quantity Shipped:	376
Total Cartons Shipped:	37

Order No.: 70930198 Order Date: 07/02/2024 Customer: DOLGEN - LONGVIEW DC Customer PO No.: 20VTD6

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - LONGVIEW DC 3300 E. GEORGE RICHEY ROAD LONGVIEW, TX 75605 US	Shipping Date: 07/15/2024 Shipment No.: 300090744
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	432	36	432	36

Total Weight:	118.8
Total Quantity Ordered:	432
Total Cartons Ordered:	36
Total Quantity Shipped:	432
Total Cartons Shipped:	36

Order No.: 70929802 Order Date: 07/02/2024 Customer: DOLGEN - BETHEL DC Customer PO No.: 20VRP2

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - BETHEL DC 30 MARTHA DR BETHEL, PA 19507 US	Shipping Date: 07/15/2024 Shipment No.: 300090739
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	392	49	392	49
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	672	56	672	56

Total Weight:	875.21
Total Quantity Ordered:	1064
Total Cartons Ordered:	105
Total Quantity Shipped:	1064
Total Cartons Shipped:	105

Order No.: 70929803 Order Date: 07/02/2024 Customer: DOLGEN - MARION DC Customer PO No.: 20VRP4

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	SHIP TO: DOLGEN - MARION DC 5575 EAST DOLLAR GENERAL MARION, IN 46952 US	Shipping Date: 07/15/2024 Shipment No.: 300090754
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	248	31	248	31
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	756	63	756	63

Total Weight:	644.69
Total Quantity Ordered:	1004
Total Cartons Ordered:	94
Total Quantity Shipped:	1004
Total Cartons Shipped:	94