

Consolidated Bill of Lading Recap

PICKUP DATE: 10/21/24

CARRIER LOAD/PRO#
DIL1855369

SHIP FROM	
NAME:	E & E COMPANY LTD
ADDRESS:	221 Hanson Way
CITY/ST/ZIP:	Woodland, CA 95776

Dillard's Load ID (REQUIRED):	
DIL	<u>1855369</u>
Master Bill of Lading# (OPTIONAL); If BOL# Not Listed Then Use Load ID:	
BOL#:	<u>06757163000945535</u>

CONSOLIDATION SHIP TO	
NAME:	PERFORMANCE TEAM LLC
ADDRESS:	12816 SHOEMAKER AVE
CITY/ST/ZIP:	SANTA FE SPRINGS, CA 90670

Carrier Name:	<u>US Xpress</u>
Carrier SCAC:	<u>USXI</u>
Carrier Trailer:	<u>003426</u>
Seal Number:	<u>8096281</u>

The individual bills of ladings must be attached to this manifest and presented to driver at time of pickup.

Destination	BOL Number(s)	Dillard's Shipment ID#	Cartons	Weight
Salisbury, NC, DC#0021	06757163000945504	300094550	152	1832.07
Mabelvale, AR, DC#0024	06757163000945511	300094551	200	2415.40
Gilbert, AZ, DC#0029	06757163000945528	300094552	15	152.56
TOTALS			<u>367</u>	<u>4400.03</u>

Please Note: This Recap is for reference only as driver MUST sign ALL attached bills of lading

Date: 10/21/2024 10:10:26 AM

BILL OF LADING

Page 1

SHIP FROM

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

Bill of Lading Number: 06757163000945528



(402)06757163000945528

SHIP TO

Name: Dillard's Gilbert D.C. Location #: 0029
Address: 396 N. William Dillard Drive
City/State/Zip: Gilbert, AZ 85233
CID#: DIL1855369 FOB:

CARRIER NAME: US Xpress

Trailer number: 003426

Seal number(s): 8096281

SCAC: USXI

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

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

Prepaid: _____ Collect: X 3rd Party: _____

Master Bill of Lading: with attached
 underlying Bills of Lading

SPECIAL INSTRUCTIONS: Load #: DIL1855369

DIL1855369

Appointment Time: 13:00 AM
Actual Driver Arrival Time: 9:45 AM
Driver Departure Time: 10:20 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3120091606	15	152.56	Y	N	
Grand Total	15	152.56			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	152.56		Comforters, Bedspreads	49017	200
1		15		202.56		Grand Total		

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

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Artemis Q 10/21/24

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.

J. Hudson 10/21/24

Date: 10/21/2024 10:10:25 AM

BILL OF LADING

Page 1

SHIP FROM

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

Bill of Lading Number: 06757163000945511



(402)06757163000945511

SHIP TO

Name: Dillard's Mablevale D.C. Location #: 0024
Address: 11701 Otter Creek South
City/State/Zip: Mabelvale, AR 72103
CID#: DIL1855369 FOB:

CARRIER NAME: US Xpress

Trailer number: 003420

Seal number(s): 8096281

SCAC: USXI

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS: Load #: DIL1855369

DIL1855369

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

Prepaid: _____ Collect: X 3rd Party: _____

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
13:00 AM PM	9:45 AM PM	10:20 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3072284404	70	169.40	Y	N	
3072284504	130	2246.00	Y	N	
Grand Total	200	2415.40			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
7	Pallet			350.00		Pallet		
		130	ctns	2246.00		Comforters, Bedspreads	49017	200
		70	ctns	169.40		Pillow Sub 3 - 2 but less than 4	49260 Sub 3	250
7		200		2765.40		Grand Total		

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Artemis Q 10/21/24

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.

X. Hudson 10/21/24

Date: 10/21/2024 10:10:25 AM

BILL OF LADING

Page 1

SHIP FROM

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

Bill of Lading Number: 06757163000945504



(402)06757163000945504

SHIP TO

Name: Dillard's Salisbury D.C. Location #: 0021
Address: 1315 Peach Orchard Road
City/State/Zip: Salisbury, NC 28146
CID#: DIL1855369 FOB:

CARRIER NAME: US Xpress

Trailer number: 003426

Seal number(s): 8096281

SCAC: USXI

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS: Load #: DIL1855369

DIL1855369

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

Prepaid: _____ Collect: X 3rd Party: _____

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
13:00 AM PM	9:45 AM PM	10:20 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3072565501	152	1832.07	Y	N	
Grand Total	152	1832.07			

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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		123	ctns	1726.80		Comforters, Bedspreads	49017	200
		29	ctns	105.27		Pillow Sub 3 - 2 but less than 4	49260 Sub 3	250
5		152		2082.07		Grand Total		

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Atena Q 10/21/24

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.

R. Johnson 10/21/24