

Date: 8/27/2024 10:52:55 AM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000925155	
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 CROSSDOCK	DC#:	
		Div.:	
Address:	13204 Philadelphia Ave	Trailer number:	407
		Seal number(s):	28792832
City/State/Zip:	FONTANA, CA 92337	SCAC:	HGLS
SID#:		Pro Number:	14050103101
		FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/>	MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 5019222992		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
21HHX3	17	174.79	Y	N	06757163000925049	96150	
21HHX4	28	362.15	Y	N	06757163000925056	96160	
21HHZ9	24	338.16	Y	N	06757163000925100	96800	
21HHZ4	6	84.54	Y	N	06757163000925063	96170	
21HJ07	27	380.43	Y	N	06757163000925148	96970	
21HHT8	31	372.05	Y	N	06757163000925001	96100	
21HJ06	15	200.56	Y	N	06757163000925131	96920	
21HHW7	17	239.53	Y	N	06757163000925032	96140	
21HHW3	48	374.20	Y	N	06757163000925025	96130	
21HJ00	32	375.35	Y	N	06757163000925117	96900	
21HHP8	13	183.17	Y	N	06757163000924998	96000	
21HHZ5	35	374.46	Y	N	06757163000925070	96300	
21HHV0	23	324.07	Y	N	06757163000925018	96120	

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		Master Bill of Lading Number: 06757163000925155
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 CROSSDOCK	Trailer number: 407
	DC#: Div.	Seal number(s): 28792832
Address:	13204 Philadelphia Ave	SCAC: HGSL
City/State/Zip:	FONTANA, CA 92337	Pro Number: 14050103101
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
	City/State/Zip:	3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 5019222992		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		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)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
21HHZ6	16	225.44	Y	N	06757163000925087	96500	
21HJ04	29	311.50	Y	N	06757163000925124	96910	
21HHZ7	23	324.07	Y	N	06757163000925094	96540	
Grand Total	384	4644.47					

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
26	Pallet			1300.00		Pallet		70
		313	ctns	4410.17		Mattress Pads	149265	100
		71	ctns	234.30		Sheet Set & Pillowcase	49260 Sub 3	250
26				5944.47		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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted: <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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MASTER BILL OF LADING

ESTIMATED PICK UP DATE: 8/27/2024

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

Contact: ALEX GONZALEZ

BILL OF LADING :5019222992

TRAILER # SEAL #

ORDER # : 1038319_ALC73238619S, 1038319_AMS73239823S,
1038319_ARD73238618S, 1038319_BLA73238196S, 1038319_BTH73240274S,
1038319_JAC73240247S, 1038319_JAN73239008S, 1038319_JON73241058S,
1038319_LEB73239028S, 1038319_LGV73239391S, 1038319_MAR73238197S,
1038319_SAT73240246S, 1038319_SBO73239010S, 1038319_SCV73239822S,
1038319_WAL73239009S, 1038319_ZAN73240663S

Trailer # 407
Seal # 28792832

- CR ALC73238619S
- CR AMS73239823S
- CR ARD73238618S
- CR BLA73238196S
- CR BTH73240274S
- CR JAC73240247S
- CR JAN73239008S
- CR JON73241058S
- CR LEB73239028S
- CR LGV73239391S
- CR MAR73238197S
- CR SAT73240246S
- CR SBO73239010S
- CR SCV73239822S
- CR WAL73239009S
- CR ZAN73240663S
- P8 21HHP8-01
- P8 21HHT8-01
- P8 21HHV0-01
- P8 21HHW3-01
- P8 21HHW7-01
- P8 21HHX3-01
- P8 21HHX4-01
- P8 21HHZ4-01
- P8 21HHZ5-01
- P8 21HHZ6-01
- P8 21HHZ7-01
- P8 21HHZ9-01
- P8 21HJ00-01
- P8 21HJ04-01
- P8 21HJ06-01
- P8 21HJ07-01
- PO 21HHP8-01
- PO 21HHT8-01
- PO 21HHV0-01
- PO 21HHW3-01
- PO 21HHW7-01
- PO 21HHX3-01
- PO 21HHX4-01
- PO 21HHZ4-01
- PO 21HHZ5-01
- PO 21HHZ6-01
- PO 21HHZ7-01
- PO 21HHZ9-01
- PO 21HJ00-01
- PO 21HJ04-01
- PO 21HJ06-01
- PO 21HJ07-01

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: 14050103101
14050103101

THIRD PARTY FREIGHT CHARGES BILL TO

Name: DOLLAR GENERAL C/O HUB GROUP
Address: 2001 HUB GROUP WAY
City/State/Zip: OAK BROOK, IL 60523

Freight Charge Terms :

(freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party X

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:

71318910,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2824,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71318906,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71318913,71318914,Number of miles:

MASTER BILL OF LADING

1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71318905,71318901,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71318904,Number of miles: 2036,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71318912,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71318909,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71318903,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71318911,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71318900,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71318907,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2326,71318908,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2430 | STOP#:1 CR - ALC73238619S;AMS73239823S;ARD73238618S;BLA73238196S;BTH73240274S;JAC73240247S;JAN73239008S;JON73241058S;LEB73239028S;LGV73239391S;MAR73238197S;SAT73240246S;SBO73239010S;SCV73239822S;WAL73239009S;ZAN73240663S,STOP#:1 PO - 21HHP8-01;21HHT8-01;21HHV0-01;21HHW3-01;21HHW7-01;21HHX3-01;21HHX4-01;21HHZ4-01;21HHZ5-01;21HHZ6-01;21HHZ7-01;21HHZ9-01;21HJ00-01;21HJ04-01;21HJ06-01;21HJ07-01 | |

SPECIAL SERVICES:

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HHZ9-01	2	24	438	231	NMFC_CLASS	400.0	ALACHUA
21HHX3-01	1	17	225	115	NMFC_CLASS	400.0	AMSTERDAM
21HHZ5-01	2	35	475	231	NMFC_CLASS	300.0	ARDMORE
21HHZ7-01	2	23	424	231	NMFC_CLASS	400.0	BLAIR
21HHT8-01	2	31	472	231	NMFC_CLASS	300.0	BETHEL
21HHW7-01	1	17	290	115	NMFC_CLASS	300.0	JACKSON
21HHW3-01	2	48	474	231	NMFC_CLASS	300.0	JANESVILLE
21HJ04-01	2	29	412	231	NMFC_CLASS	400.0	JONESVILLE
21HJ07-01	2	27	480	231	NMFC_CLASS	300.0	LEBEC
21HHX4-01	2	28	462	231	NMFC_CLASS	300.0	LONGVIEW
21HJ06-01	1	15	251	115	NMFC_CLASS	300.0	MARION
21HHV0-01	2	23	424	231	NMFC_CLASS	400.0	SAN ANTONIO
21HHZ6-01	1	16	275	115	NMFC_CLASS	300.0	SOUTH BOSTON
21HHP8-01	1	13	233	115	NMFC_CLASS	300.0	SCOTTSMILLE
21HHZ4-01	1	6	135	115	NMFC_CLASS	400.0	WALTON
21HJ00-01	2	32	475	231	NMFC_CLASS	300.0	ZANESVILLE
GRAND TOTAL	26	384	5945.00	3000.00			
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.

Antemio 8/27/24

X / [Signature] 8-27-24

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5019222992			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_ALC73238619S PO: 21HHZ9-01 CR: ALC73238619S Customer Ship to Location: D6800			
CONSIGNEE				CARRIER			
Name: ALACHUA DISTRIBUTION CENTER Address: 12000 NW 173RD ST City/State/Zip: ALACHUA FL 32615				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/> X _____			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HHZ9-01	2	24	438	231	NMFC_CLASS	400.0	ALACHUA
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 _____		
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

MASTER BILL OF LADING

SHIPPER							
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				BILL OF LADING :501922292 ORDER # : 1038319_AMS73239823S PO: 21HHX3-01 CR: AMS73239823S Customer Ship to Location: D6150			
CONSIGNEE				CARRIER			
Name: AMSTERDAM DISTRIBUTION CENTER Address: 2041 STATE HIGHWAY 5S City/State/Zip: AMSTERDAM NY 12010				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HHX3-01	1	17	225	115	NMFC_CLASS	400.0	AMSTERDAM
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 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		

MASTER BILL OF LADING

SHIPPER							
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776					BILL OF LADING :5019222992 ORDER # : 1038319_BLA73238196S PO: 21HHZ7-01 CR: BLA73238196S Customer Ship to Location: D6540		
CONSIGNEE				CARRIER			
Name: BLAIR DISTRIBUTION CENTER Address: 1200 S 10TH ST City/State/Zip: BLAIR NE 68008				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>		
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HHZ7-01	2	23	424	231	NMFC_CLASS	400.0	BLAIR
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 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

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5019222992			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_BTH73240274S PO: 21HHT8-01 CR: BTH73240274S Customer Ship to Location: D6100			
CONSIGNEE				CARRIER			
Name: BETHEL DISTRIBUTION CENTER Address: 30 MARTHA DR City/State/Zip: BETHEL PA 19507				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HHT8-01	2	31	472	231	NMFC_CLASS	300.0	BETHEL
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	
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	

MASTER BILL OF LADING

SHIPPER							
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				BILL OF LADING :5019222992 ORDER # : 1038319_JAC73240247S PO: 21HHW7-01 CR: JAC73240247S Customer Ship to Location: D6140			
CONSIGNEE				CARRIER			
Name: JACKSON DISTRIBUTION CENTER Address: 200 JACKSON RD City/State/Zip: JACKSON GA 30233				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HHW7-01	1	17	290	115	NMFC_CLASS	300.0	JACKSON
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 This is to certify that the above named materials are property 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	

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5019222992			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_JAN73239008S PO: 21HHW3-01 CR: JAN73239008S Customer Ship to Location: D6130			
CONSIGNEE				CARRIER			
Name: JANESVILLE DISTRIBUTION CENTER Address: 101 INNOVATION DR City/State/Zip: JANESVILLE WI 53546				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HHW3-01	2	48	474	231	NMFC_CLASS	300.0	JANESVILLE
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 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	

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5019222992			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_JON73241058S PO: 21HJ04-01 CR: JON73241058S Customer Ship to Location: D6910			
CONSIGNEE				CARRIER			
Name: JONESVILLE DISTRIBUTION CENTER Address: 1451 SPARTANBURG HWY City/State/Zip: JONESVILLE SC 29353				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HJ04-01	2	29	412	231	NMFC_CLASS	400.0	JONESVILLE
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 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	

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5019222992			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_LEB73239028S PO: 21HJ07-01 CR: LEB73239028S Customer Ship to Location: D6970			
CONSIGNEE				CARRIER			
Name: LEBEC DISTRIBUTION CENTER Address: 4193 INDUSTRIAL PARKWAY DR City/State/Zip: LEBEC CA 93243				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
CUSTOMER							
PO	PALLET	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HJ07-01	2	27	480	231	NMFC_CLASS	300.0	LEBEC
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 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	

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5019222992			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_LGV73239391S PO: 21HHX4-01 CR: LGV73239391S Customer Ship to Location: D6160			
CONSIGNEE				CARRIER			
Name: LONGVIEW DISTRIBUTION CENTER Address: 3300 GEORGE RICHEY RD City/State/Zip: LONGVIEW TX 75605				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> </u> X <u> </u>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HHX4-01	2	28	462	231	NMFC_CLASS	300.0	LONGVIEW
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.		
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							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 :5019222992				
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_MAR73238197S PO: 21HJ06-01 CR: MAR73238197S Customer Ship to Location: D6920				
CONSIGNEE				CARRIER				
Name: DOLLAR GENERAL - MARION Address: 5575 DOLLAR GENERAL WAY City/State/Zip: MARION IN 46952				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101				
THIRD PARTY FREIGHT CHARGES BILL TO								
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/> _X_				
CUSTOMER								
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST	
21HJ06-01	1	15	251	115	NMFC_CLASS	300.0	MARION	
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 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	

MASTER BILL OF LADING

SHIPPER							
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				BILL OF LADING :5019222992 ORDER # : 1038319_SAT73240246S PO: 21HHV0-01 CR: SAT73240246S Customer Ship to Location: D6120			
CONSIGNEE				CARRIER			
Name: SAN ANTONIO DISTRIBUTION CENTE Address: 6601 CAL TURNER DR City/State/Zip: SAN ANTONIO TX 78220				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HHV0-01	2	23	424	231	NMFC_CLASS	400.0	SAN ANTONIO
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		
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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 :5019222992			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_SBO73239010S PO: 21HHZ6-01 CR: SBO73239010S Customer Ship to Location: D6500			
CONSIGNEE				CARRIER			
Name: SOUTH BOSTON DISTRIBUTION CENT Address: 3207 PHILPOTT RD City/State/Zip: SOUTH BOSTON VA 24592				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HHZ6-01	1	16	275	115	NMFC_CLASS	300.0	SOUTH BOSTON
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 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	

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5019222992			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_SCV73239822S PO: 21HHP8-01 CR: SCV73239822S Customer Ship to Location: D6000			
CONSIGNEE				CARRIER			
Name: SCOTTSVILLE DISTRIBUTION CENTE Address: 427 BEECH ST City/State/Zip: SCOTTSVILLE KY 42164				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HHP8-01	1	13	233	115	NMFC_CLASS	300.0	SCOTTSVILLE
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	
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	

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5019222992
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_WAL73239009S PO: 21HHZ4-01 CR: WAL73239009S Customer Ship to Location: D6170

CONSIGNEE	CARRIER
Name: WALTON DISTRIBUTION CENTER Address: 950 WENSTRUP LN City/State/Zip: WALTON KY 41094	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101

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 60523	(freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HHZ4-01	1	6	135	115	NMFC_CLASS	400.0	WALTON

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: <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
--	---	--


MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5019222992			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_ZAN73240663S PO: 21HJ00-01 CR: ZAN73240663S Customer Ship to Location: D6900			
CONSIGNEE				CARRIER			
Name: ZANESVILLE DISTRIBUTION CENTER Address: 2505 E POINTE DR City/State/Zip: ZANESVILLE OH 43701				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14050103101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
21HJ00-01	2	32	475	231	NMFC_CLASS	300.0	ZANESVILLE
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 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	

Date: 8/27/2024 10:52:46 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - BLAIR DRY DC
Address:	221 Hanson Way	Address:	1200 South 10th Street
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: 06757163000925094		Trailer number: 407	
		Seal number(s): 28792832	
(402)06757163000925094		SCAC: HGSL	
CARRIER NAME: HUB CITY GROUP		Pro Number: 14050103101	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(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	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 5019222992			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
21HHZ7	23	324.07	Y N	
Grand Total	23	324.07		

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
2	Pallet			100.00		Pallet		
		23	ctns	324.07		Mattress Pads	149265	100
2		23		424.07		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.

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.

Order No.: 71318914 Order Date: 08/13/2024 Customer: DOLGEN - BLAIR DRY DC Customer PO No.: 21HHZ7


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: 08/27/2024 Shipment No.: 300092509
--	--	---	--

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

Total Weight:	324.07
Total Quantity Ordered:	184
Total Cartons Ordered:	23
Total Quantity Shipped:	184
Total Cartons Shipped:	23

Date: 8/27/2024 10:52:46 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000925131										
Name: E & E COMPANY LTD.		 (402)06757163000925131										
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: 407										
Name: DOLGEN - MARION DC Location #: 96920		Seal number(s): 28792832										
Address: 5575 East Dollar General		SCAC: HGLS										
96920		Pro Number: 14050103101										
City/State/Zip: Marion, IN 46952												
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:		<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										
SPECIAL INSTRUCTIONS: Load #: 5019222992												
Packing List is Attached												

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
21HJ06	15	200.56	Y N		
Grand Total	15	200.56			

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		14	ctns	197.26		Mattress Pads	149265	100
		1	ctns	3.30		Sheet Set & Pillowcase	49260 Sub 3	250
1		15		250.56		Grand Total		

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

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

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
--	---

SHIPPER SIGNATURE / DATE 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.: 71318911 Order Date: 08/13/2024 Customer: DOLGEN - MARION DC Customer PO No.: 21HJ06

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: 08/27/2024 Shipment No.: 300092513
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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	112	14	112	14
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	12	1	12	1

Total Weight:	200.56
Total Quantity Ordered:	124
Total Cartons Ordered:	15
Total Quantity Shipped:	124
Total Cartons Shipped:	15

Date: 8/27/2024 10:52:47 AM

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: 06757163000924998



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No: _____

SHIP TO

Name: DOLGEN - SCOTTSVILLE DC Location #: 96000
 Address: 427 Beech Street
 96000
 City/State/Zip: Scottsville, KY 42164-1698
 CID#: _____
 Dept: 00 FOB:

Trailer number: 407

Seal number(s): 28792832

SCAC: HGLS

Pro Number: 14050103101

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 #: 5019222992
 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
21HHP8	13	183.17	Y N	
Grand Total	13	183.17		

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		
		13	ctns	183.17		Mattress Pads	149265	100
1		13		233.17		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.

Order No.: 71318900 Order Date: 08/13/2024 Customer: DOLGEN - SCOTTSVILLE DC Customer PO No.: 21HHP8

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: 08/27/2024 Shipment No.: 300092499
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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	104	13	104	13

Total Weight:	183.17
Total Quantity Ordered:	104
Total Cartons Ordered:	13
Total Quantity Shipped:	104
Total Cartons Shipped:	13

Date: 8/27/2024 10:52:47 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000925148



(402)06757163000925148

CARRIER NAME: HUB CITY GROUP
 Responsible Acct.No: _____
 Trailer number: 407
 Seal number(s): 28792832

SCAC: HGLS
Pro Number: 14050103101

SHIP TO

Name: DOLGEN- CALIFORNIA DC Location #: 96970
 Address: 4193 Industrial Parkway Drive
 96970
 City/State/Zip: Lebec, CA 93243
 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 #: 5019222992
 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
21HJ07	27	380.43	Y N	
Grand Total	27	380.43		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		27	ctns	380.43		Mattress Pads	149265	100
2		27		480.43		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: <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.
	Shipper Signature		Carrier Signature

Order No.: 71318909 Order Date: 08/13/2024 Customer: DOLGEN- CALIFORNIA DC Customer PO No.: 21HJ07

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: 08/27/2024 Shipment No.: 300092514
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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	216	27	216	27

Total Weight:	380.43
Total Quantity Ordered:	216
Total Cartons Ordered:	27
Total Quantity Shipped:	216
Total Cartons Shipped:	27

Date: 8/27/2024 10:52:48 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757163000925063



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No:

Trailer number: 407

Seal number(s): 28792832

SCAC: HGSL

Pro Number: 14050103101

SHIP TO

Name: DOLGEN - WALTON DC Location #: 96170
 Address: 950 Wenstrup Lane
 96170
 City/State/Zip: Walton, KY 41094
 CID#:

Dept: 00

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 5019222992

Packing List is Attached

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
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
21HHZ4	6	84.54	Y	N	
Grand Total	6	84.54			

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		
		6	ctns	84.54		Mattress Pads	149265	100
1		6		134.54		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE


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

Order No.: 71318907 Order Date: 08/13/2024 Customer: DOLGEN - WALTON DC Customer PO No.: 21HHZ4

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: 08/27/2024 Shipment No.: 300092506
--	--	--	--

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

Total Weight:	84.54
Total Quantity Ordered:	48
Total Cartons Ordered:	6
Total Quantity Shipped:	48
Total Cartons Shipped:	6

SHIP FROM		Bill of Lading Number: 06757163000925124										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000925124										
SHIP TO		CARRIER NAME: HUB CITY GROUP										
Name: DOLGEN - JONESVILLE DC Location #: 96910 Address: 1451 Spartanburg Hwy 96910 City/State/Zip: Jonesville, SC 29353 CID#: _____ Dept: 00 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 407 Seal number(s): 28792832										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 5019222992 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Appointment Time</th> <th style="width: 25%;">Actual Driver Arrival Time</th> <th style="width: 25%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
21HJ04	29	311.50	Y N	
Grand Total	29	311.50		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		9	ctns	29.70		Sheet Set & Pillowcase	49260 Sub 3	250
		20	ctns	281.80		Mattress Pads	149265	100
2		29		411.50		Grand Total		

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

COD Amount: _____
Fee Terms: Collect: <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.: 71318912 Order Date: 08/13/2024 Customer: DOLGEN - JONESVILLE DC Customer PO No.: 21HJ04

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: 08/27/2024 Shipment No.: 300092512
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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	160	20	160	20
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	108	9	108	9

Total Weight:	311.5
Total Quantity Ordered:	268
Total Cartons Ordered:	29
Total Quantity Shipped:	268
Total Cartons Shipped:	29

Date: 8/27/2024 10:52:49 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - LONGVIEW DC Location #: 96160
Address:	221 Hanson Way	Address:	3300 E. George Richey Road 96160
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Longview, TX 75605
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000925056		Trailer number: 407	
		Seal number(s): 28792832	
(402)06757163000925056		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 14050103101	
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 underlying Bills of Lading		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 #: 5019222992			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
21HHX4	28	362.15	Y N	
Grand Total	28	362.15		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		3	ctns	9.90		Sheet Set & Pillowcase	49260 Sub 3	250
		25	ctns	352.25		Mattress Pads	149265	100
2		28		462.15		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.

Order No.: 71318903 Order Date: 08/13/2024 Customer: DOLGEN - LONGVIEW DC Customer PO No.: 21HHX4

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: 08/27/2024 Shipment No.: 300092505
--	--	---	--

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	36	3	36	3

Total Weight:	362.15
Total Quantity Ordered:	236
Total Cartons Ordered:	28
Total Quantity Shipped:	236
Total Cartons Shipped:	28

Date: 8/27/2024 10:52:50 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757163000925049



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No:

SHIP TO

Name: DOLGEN - AMSTERDAM DC Location #: 96150
 Address: 2041 State Highway 5 South
 96150
 City/State/Zip: Amsterdam, NY 12010
 CID#:

Dept: 00

FOB:

Trailer number: 407

Seal number(s): 28792832

SCAC: HGSL

Pro Number: 14050103101

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 5019222992

Packing List is Attached

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)

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
21HHX3	17	174.79	Y	N	
Grand Total	17	174.79			

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	19.80		Sheet Set & Pillowcase	49260 Sub 3	250
		11	ctns	154.99		Mattress Pads	149265	100
1		17		224.79		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.

Order No.: 71318906 Order Date: 08/13/2024 Customer: DOLGEN - AMSTERDAM DC Customer PO No.: 21HHX3

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: 08/27/2024 Shipment No.: 300092504
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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	88	11	88	11
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	72	6	72	6

Total Weight:	174.79
Total Quantity Ordered:	160
Total Cartons Ordered:	17
Total Quantity Shipped:	160
Total Cartons Shipped:	17

Date: 8/27/2024 10:52:50 AM

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: 06757163000925087



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No:

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:

Trailer number: 407

Seal number(s): 28792832

SCAC: HGSL

Pro Number: 14050103101

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 5019222992

Packing List is Attached

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

Prepaid: Collect: 3rd Party:

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
21HHZ6	16	225.44	Y N	
Grand Total	16	225.44		

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		
		16	ctns	225.44		Mattress Pads	149265	100
1		16		275.44		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.

Order No.: 71318916 Order Date: 08/13/2024 Customer: DOLGEN - SOUTH BOSTON DC Customer PO No.: 21HHZ6

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: 08/27/2024 Shipment No.: 300092508
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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	128	16	128	16

Total Weight:	225.44
Total Quantity Ordered:	128
Total Cartons Ordered:	16
Total Quantity Shipped:	128
Total Cartons Shipped:	16

Date: 8/27/2024 10:52:51 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN- JACKSON DC Location #: 96140
Address:	221 Hanson Way	Address:	200 Jackson Road 96140
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Jackson, GA 30233
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000925032		Trailer number: 407	
		Seal number(s): 28792832	
(402)06757163000925032		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 14050103101	
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 underlying Bills of Lading		3rd Party:	
(check box)		Appointment Time	
AM		Actual Driver Arrival Time	
PM		Driver Departure Time	
AM		AM	
PM		PM	
SPECIAL INSTRUCTIONS: Load #: 5019222992 Packing List is Attached		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
21HHW7	17	239.53	Y N	
Grand Total	17	239.53		

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
1		17		289.53		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

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.

Order No.: 71318901 Order Date: 08/13/2024 Customer: DOLGEN- JACKSON DC Customer PO No.: 21HHW7

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: 08/27/2024 Shipment No.: 300092503
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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

Total Weight:	239.53
Total Quantity Ordered:	136
Total Cartons Ordered:	17
Total Quantity Shipped:	136
Total Cartons Shipped:	17

Date: 8/27/2024 10:52:51 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	DOLGEN- JANESVILLE DC	Name:	
Address:	221 Hanson Way	Address:	101 Innovation Drive	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Janesville, WI 53546	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	00	Load #:	5019222992
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000925025		Trailer number: 407		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 28792832		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000925025		SCAC: HGLS		Master Bill of Lading: with attached	
CARRIER NAME: HUB CITY GROUP		Pro Number: 14050103101		(check box) underlying Bills of Lading	
Responsible Acct.No:		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
21HHW3	48	374.20	Y N	
Grand Total	48	374.20		

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
2	Pallet			100.00		Pallet		
		20	ctns	281.80		Mattress Pads	149265	100
		28	ctns	92.40		Sheet Set & Pillowcase	49260 Sub 3	250
2		48		474.20		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: 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.

Order No.: 71318904 Order Date: 08/13/2024 Customer: DOLGEN- JANESVILLE Customer PO No.: 21HHW3
 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: 08/27/2024 Shipment No.: 300092502
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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	160	20	160	20
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	336	28	336	28

Total Weight:	374.2
Total Quantity Ordered:	496
Total Cartons Ordered:	48
Total Quantity Shipped:	496
Total Cartons Shipped:	48

SHIP FROM		Bill of Lading Number: 06757163000925018										
Name: E & E COMPANY LTD		 (402)06757163000925018										
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: 407										
Name: DOLGEN - SAN ANTONIO DC Location #: 96120		Seal number(s): 28792832										
Address: 6601 Cal Turner Drive		SCAC: HGLS										
96120		Pro Number: 14050103101										
City/State/Zip: San Antonio, TX 78220												
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:		<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										
SPECIAL INSTRUCTIONS: Load #: 5019222992												
Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
21HHV0	23	324.07	Y N	
Grand Total	23	324.07		

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
2		23		424.07		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: <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.: 71318902 Order Date: 08/13/2024 Customer: DOLGEN - SAN ANTONIO DC Customer PO No.: 21HHV0

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: 08/27/2024 Shipment No.: 300092501
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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

Total Weight:	324.07
Total Quantity Ordered:	184
Total Cartons Ordered:	23
Total Quantity Shipped:	184
Total Cartons Shipped:	23

Date: 8/27/2024 10:52:53 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - ALACHUA DC Location #: 96800
Address:	221 Hanson Way	Address:	12000 Nw 173 Street 96800
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Alachua, FL 32615-8141
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000925100		Trailer number: 407	
		Seal number(s): 28792832	
(402)06757163000925100		SCAC: HGLS	
CARRIER NAME: HUB CITY GROUP		Pro Number: 14050103101	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 5019222992		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
21HHZ9	24	338.16	Y N	
Grand Total	24	338.16		

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		
		24	ctns	338.16		Mattress Pads	149265	100
2		24		438.16		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Order No.: 71318910 Order Date: 08/13/2024 Customer: DOLGEN - ALACHUA DC Customer PO No.: 21HHZ9

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: 08/27/2024 Shipment No.: 300092510
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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	192	24	192	24

Total Weight:	338.16
Total Quantity Ordered:	192
Total Cartons Ordered:	24
Total Quantity Shipped:	192
Total Cartons Shipped:	24

Date: 8/27/2024 10:52:53 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - ARDMORE DC Location #: 96300
Address:	221 Hanson Way	Address:	401 General Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Ardmore Industrial Air Pa, 96300
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000925070		Trailer number: 407	
		Seal number(s): 28792832	
(402)06757163000925070		SCAC: HGSL	
CARRIER NAME: HUB CITY GROUP		Pro Number: 14050103101	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Name:		Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 5019222992		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
21HHZ5	35	374.46	Y N	
Grand Total	35	374.46		

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
2	Pallet			100.00		Pallet		
		24	ctns	338.16		Mattress Pads	149265	100
		11	ctns	36.30		Sheet Set & Pillowcase	49260 Sub 3	250
2		35		474.46		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.

Order No.: 71318913 Order Date: 08/13/2024 Customer: DOLGEN - ARDMORE DC Customer PO No.: 21HHZ5


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: 08/27/2024 Shipment No.: 300092507
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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	192	24	192	24
18714101	DG21-131	086569017901	Std Microfiber Pillowcase	EA	12	132	11	132	11

Total Weight:	374.46
Total Quantity Ordered:	324
Total Cartons Ordered:	35
Total Quantity Shipped:	324
Total Cartons Shipped:	35

Date: 8/27/2024 10:52:54 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000925117										
Name: E & E COMPANY LTD		 (402)06757163000925117										
Address: 221 Hanson Way												
City/State/Zip: Woodland, CA 95776												
SID#:												
PHONE:		CARRIER NAME: HUB CITY GROUP										
VENDOR: FOB: <input type="checkbox"/>		Responsible Acct.No:										
SHIP TO		Trailer number: 407										
Name: DOLGEN - ZANESVILLE DC Location #: 96900		Seal number(s): 28792832										
Address: 2505 East Pointe Drive		SCAC: HGSL										
96900		Pro Number: 14050103101										
City/State/Zip: Zanesville, OH 43701-7761												
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 (check box) underlying Bills of Lading										
City/State/Zip:		<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										
SPECIAL INSTRUCTIONS: Load #: 5019222992												
Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
21HJ00	32	375.35	Y N	
Grand Total	32	375.35		

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
		7	ctns	23.10		Sheet Set & Pillowcase	49260 Sub 3	250
2		32		475.35		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: <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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Order No.: 71318908 Order Date: 08/13/2024 Customer: DOLGEN - ZANESVILLE DC Customer PO No.: 21HJ00

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: 08/27/2024 Shipment No.: 300092511
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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	84	7	84	7

Total Weight:	375.35
Total Quantity Ordered:	284
Total Cartons Ordered:	32
Total Quantity Shipped:	284
Total Cartons Shipped:	32

Date: 8/27/2024 10:52:55 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000925001	
Name:	E & E COMPANY LTD	 (402)06757163000925001	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: HUB CITY GROUP	
SHIP TO		Responsible Acct.No:	
Name:	DOLGEN - BETHEL DC	Location #:	96100
Address:	30 Martha Dr	Trailer number: 407	
	96100	Seal number(s): 28792832	
City/State/Zip:	Bethel, PA 19507	SCAC: HGSL	
CID#:		Pro Number: 14050103101	
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:	
Address:		Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 5019222992		AM	AM
Packing List is Attached		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
21HHT8	31	372.05	Y	N	
Grand Total	31	372.05			

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
2	Pallet			100.00		Pallet		
		25	ctns	352.25		Mattress Pads	149265	100
		6	ctns	19.80		Sheet Set & Pillowcase	49260 Sub 3	250
2		31		472.05		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.

Order No.: 71318905 Order Date: 08/13/2024 Customer: DOLGEN - BETHEL DC Customer PO No.: 21HHT8

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: 08/27/2024
			Shipment No.: 300092500

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	72	6	72	6

Total Weight:	372.05
Total Quantity Ordered:	272
Total Cartons Ordered:	31
Total Quantity Shipped:	272
Total Cartons Shipped:	31