

Date: 8/23/2024 8:47:49 AM

# Master Bill Of Lading

### SHIP FROM

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

Master Bill of Lading Number: 06757163000924103

### SHIP TO

Name: Wal-Mart DC 6561A-ASM DIS DC#: 6561A  
 Div.  
 Address: 1600 Agua Mansa Road  
 6561A  
 City/State/Zip: Colton, CA 92324  
 SID#: \_\_\_\_\_ FOB:

CARRIER NAME: WAL-MART FLEET

Trailer number: 168758  
 Seal number(s): 28792818

SCAC: WALM  
 Pro Number:

### THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:  
 City/State/Zip:

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED  
 UNDERLYING BILLS OF LANDING

### SPECIAL INSTRUCTIONS:

Load #: 80526763

|                  |                            |                       |
|------------------|----------------------------|-----------------------|
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| AM<br>PM         | AM<br>PM                   | AM<br>PM              |

### CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) |   | BOL#              | ADDITIONAL SHIPPER INFO |           |
|-----------------------|------------|------------|-------------------------|---|-------------------|-------------------------|-----------|
|                       |            |            |                         |   |                   | DC#                     | Supplier# |
| 9521646048            | 932        | 11616.84   | Y                       | N | 06757163000924097 | 6561R                   |           |
| 1730966749            | 216        | 2486.40    | Y                       | N | 06757163000924080 | 6561A                   |           |
| <b>Grand Total</b>    | 1148       | 14103.24   |                         |   |                   |                         |           |

### CARRIER INFORMATION

| HANDLING UNIT |      | PACKAGE |      | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION<br><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 |
| 1148          | ctns |         |      | 14103.24   |          | Comforters, Bedspreads   | 49017    | 200   |
|               |      |         |      |            |          |  |          |       |
|               |      |         |      |            |          |  |          |       |
|               |      |         |      |            |          |  |          |       |
|               |      |         |      |            |          |  |          |       |
|               |      |         |      |            |          |  |          |       |
|               |      |         |      |            |          |  |          |       |
| 1148          |      |         |      | 14103.24   |          | <b>Grand Total</b>   |          |       |

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.  
*Driver Did not sign*  
 Shipper Signature *our copy*

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.  
 Total Pallet: 30 *Antonio 8/23/24*

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

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

| SHIP FROM                          |                               | Bill of Lading Number: 06757163000924080   |
|------------------------------------|-------------------------------|--|
| Name: E & E COMPANY LTD            |                               | <br>(402)06757163000924080 |
| Address: 221 Hanson Way            |                               |  |
| City/State/Zip: Woodland, CA 95776 |                               |  |
| SID#: _____                        | FOB: <input type="checkbox"/> |  |

| SHIP TO                          |                               | CARRIER NAME: WAL-MART FLEET |
|----------------------------------|-------------------------------|------------------------------|
| Name: Wal-Mart DC 6561A-ASM DIS  | Location #: 6561A             | Trailer number: 168758       |
| Address: 1600 Agua Mansa Road    |                               | Seal number(s): 28792818     |
| 6561A                            |                               |                              |
| City/State/Zip: Colton, CA 92324 |                               | SCAC: WALM                   |
| CID#: _____                      | FOB: <input type="checkbox"/> | Pro Number:                  |
| Dept: 00022                      |                               |                              |

| THIRD PARTY FREIGHT CHARGES BILL TO: |  | Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>                              |
|--------------------------------------|--|---|
| Name:                                |  | Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> |
| Address:                             |  |   |
| City/State/Zip:                      |  | Master Bill of Lading: with attached<br>(check box) underlying Bills of Lading                                  |

| SPECIAL INSTRUCTIONS: |  | Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
|-----------------------|--|------------------|----------------------------|-----------------------|
| Load #: 80526763      |  | AM<br>PM         | AM<br>PM                   | AM<br>PM              |

| CUSTOMER ORDER INFORMATION |        |            |         |                           |   |                      |                            |                        |                      |                         |
|----------------------------|--------|------------|---------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | Plts Count | WEIGHT  | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 1730966749                 | 216    | 6          | 2486.40 | Y                         | N | 08/25/2024           | 6561A                      | 0033                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 216    | 6          | 2486.40 |                           |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |         |          |  |          |       |
|---------------------|------|---------|------|---------|----------|--|----------|-------|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |       |
| QTY                 | TYPE | QTY     | TYPE |         |          |  | NMFC #   | CLASS |
| 216                 | ctns |         |      | 2486.40 |          | Comforters, Bedspreads   | 49017    | 200   |
| <b>GRAND TOTAL</b>  |      |         |      |         |          |  |          |       |

|   |   |
|---|---|
| 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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | COD Amount: \$ _____<br>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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  | Trailer Loaded:  | Freight Counted:  | CARRIER SIGNATURE / PICKUP DATE   |
|---|--|---|---|
| This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. | <input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i> |

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

Bill of Lading Number: 06757163000924097  
  
 (402)06757163000924097

**SHIP TO**  
 Name: Wal-Mart DC 6561R-Regular Location #: 6561R  
 Address: 1600 Agua Mansa Road  
 6561R  
 City/State/Zip: Colton, CA 92324  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 168758  
 Seal number(s): 28792818  
**SCAC:** WALM  
**Pro Number:**

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 80526763

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 | Plts Count | WEIGHT   | PALLET/ SLIP (CIRCLE ONE) |   | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 9521646048                 | 932    | 24         | 11616.84 | Y                         | N | 08/25/2024           | 6561R                      | 0020                   | 00022                |                         |
| <b>GRAND TOTAL</b>         | 932    | 24         | 11616.84 |                           |   |                      |                            |                        |                      |                         |

| CARRIER INFORMATION |      |         |      |          |          |  |          |       |
|---------------------|------|---------|------|----------|----------|--|----------|-------|
| HANDLING UNIT       |      | PACKAGE |      | WEIGHT   | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |       |
| QTY                 | TYPE | QTY     | TYPE |          |          |  | NMFC #   | CLASS |
| 932                 | ctns |         |      | 11616.84 |          | Comforters, Bedspreads   | 49017    | 200   |
| 932                 |      |         |      | 11616.84 |          | <b>GRAND TOTAL</b>   |          |       |

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

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

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

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

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

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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. *Property described above is received in good order, except as noted.*