

SHIP FROM		Master Bill of Lading Number: 06757168001259216
Name:	E & E COMPANY LTD	
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name:	Consolidation Dock 7101	DC#: 7101
		Div.
Address:	1200 Mason Dixon Ln 7101	Trailer number: 180140
		Seal number(s): 5627803
City/State/Zip:	Conley, GA 30288	SCAC: WALM
SID#:	FOB: <input type="checkbox"/>	Pro Number: 0000

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			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 #: 80751606		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
5735156972	4	25.96	Y	N	06757168001258974	6092A	
3430825640	1	6.49	Y	N	06757168001257724	7039A	
6630098220	4	25.96	Y	N	06757168001259001	6054A	
8880835766	4	25.96	Y	N	06757168001259124	6011A	
5235147144	9	58.41	Y	N	06757168001258912	6016A	
5380068685	2	12.98	Y	N	06757168001258929	6094A	
3930247452	3	19.47	Y	N	06757168001258752	7038A	
6230386656	5	32.45	Y	N	06757168001259094	6010A	
5030148033	3	19.47	Y	N	06757168001258851	6020A	
5380895693	6	38.94	Y	N	06757168001258950	6023A	
6630098249	5	32.45	Y	N	06757168001259018	6054A	
3429799577	5	32.45	Y	N	06757168001257717	6037A	
3680396717	16	103.84	Y	N	06757168001257731	6021A	
8680257604	7	45.43	Y	N	06757168001259100	6019A	

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, 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.
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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. Total Pallet: 50 <i>XW9304</i>	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 per DOT. Carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 9/3/24
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SHIP FROM		Master Bill of Lading Number: 06757168001259216	
Name: E & E COMPANY LTD			
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#: _____	FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name: Consolidation Dock 7101	DC#: 7101	Trailer number: 180140	
	Div. _____	Seal number(s): 5627803	
Address: 1200 Mason Dixon Ln 7101	SCAC: WALM		
City/State/Zip: Conley, GA 30288	Pro Number: 0000		
SID#: _____	FOB: <input type="checkbox"/>		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		
Address: _____	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip: _____	Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
SPECIAL INSTRUCTIONS: Load #: 80751606			

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
9680227618	3	19.47	Y	N	06757168001259179	6040A	
9680227650	9	58.41	Y	N	06757168001259186	6040A	
5030148058	1	6.49	Y	N	06757168001258882	6020A	
5235147115	3	19.47	Y	N	06757168001258905	6016A	
7829969369	6	115.44	Y	N	06757168001259032	6068A	
8230386634	4	25.96	Y	N	06757168001259087	6010A	
4480237811	13	84.37	Y	N	06757168001258806	6066A	
4480237818	1	6.49	Y	N	06757168001258820	6066A	
8880835758	9	58.41	Y	N	06757168001259117	6011A	
3131045090	4	25.96	Y	N	06757168001257687	6048A	
3880247597	3	19.47	Y	N	06757168001257762	6012A	
3931035116	4	25.96	Y	N	06757168001258790	6009A	
4480237846	5	32.45	Y	N	06757168001258844	6066A	
5380895654	8	51.92	Y	N	06757168001258943	6023A	

<p>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 _____</p>	<p>COD Amount \$</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 50</p>	<p>Trailer Loaded: <input 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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Order No.: 71389415	Order Date: 08/24/2024	Customer: WALMARTWHS	Customer PO No.: 8880835758
PO Type No.: 0033	Location No.: 6011A	Dept. No.: 00014	

SHIP FROM:
 E & E COMPANY LTD
 311 INTERNATIONAL TRADE PKWY
 PORT WENTWORTH, GA 31407

BILL TO:
 WAL-MART STORE 111 WHS
 1108 SE 10TH STREET
 ATTN: A/P DEPT.
 BENTONVILLE, AR 72716

SHIP TO:
 WAL-MART DC 6011A - ASM DIS
 2200 MANUFACTURERS BOULEVARD
 BROOKHAVEN, MS 39601

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666852223	SD171-0018	022164360233	Ice Syrups	EA	6	12	2	12	2
666852225	SD171-0019	022164360240	Ice Syrups	EA	6	12	2	12	2
666852224	SD171-0020	022164360257	Ice Syrups	EA	6	18	3	18	3
666852222	SD171-0021	022164360264	Ice Syrups	EA	6	12	2	12	2

Total Quantity Ordered:	54
Total Ordered:	9
Total Quantity Shipped:	54
Total Cartons Shipped:	9