

Date: 9/30/2024 10:23:20 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000938339	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: HUB CITY GROUP	
Name: HUBGROUP FONTANA CROSSDOCK Address: 13204 Philadelphia Ave City/State/Zip: FONTANA, CA 92337 SID#: _____ FOB: <input type="checkbox"/>		DC#: _____ Div. _____ Trailer number: 7563 Seal number(s): 8096206 SCAC: HGSL Pro Number: 14068064001	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> Load #: 5020336446		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
2220Z7	51	163.68	Y	N	06757163000938155	96000	
2221J5	45	634.05	Y	N	06757163000938162	96120	
2221J9	87	272.91	Y	N	06757163000938179	96120	
2221V1	72	227.04	Y	N	06757163000938186	96130	
2222P7	67	944.03	Y	N	06757163000938193	96160	
2222Q4	93	294.69	Y	N	06757163000938209	96160	
2222X1	36	507.24	Y	N	06757163000938216	96170	
2222Z7	74	233.64	Y	N	06757163000938223	96170	
2224P6	59	831.31	Y	N	06757163000938230	96500	
2224P7	46	149.82	Y	N	06757163000938247	96500	
2225H1	91	1282.19	Y	N	06757163000938254	96900	
2225H2	156	491.04	Y	N	06757163000938261	96900	
2225J6	104	1465.36	Y	N	06757163000938278	96910	

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 \_\_\_\_\_"

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

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 9/30/2024 10:23:20 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000938339
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		CARRIER NAME: HUB CITY GROUP	
Name:	HUBGROUP FONTANA CROSSDOCK	DC#:	Div.
Address:	13204 Philadelphia Ave	Trailer number:	7563
City/State/Zip:	FONTANA, CA 92337	Seal number(s):	8096206
SID#:	FOB: <input type="checkbox"/>	SCAC:	HGLS
		Pro Number:	14068064001

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 (check box) UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 5020336446		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
2225J9	139	431.64	Y	N	06757163000938285	96910	
2225L7	61	859.49	Y	N	06757163000938292	96920	
2225L9	99	313.17	Y	N	06757163000938308	96920	
2225R8	22	309.98	Y	N	06757163000938315	96970	
2225S2	55	174.90	Y	N	06757163000938322	96970	
<b>Grand Total</b>	1357	9586.18					

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
38	Pallet			1900.00		Pallet		70
		485	ctns	6833.65		Mattress Pads	149265	100
		872	ctns	2752.53		Sheet Set & Pillowcase	49260 Sub 3	250
38				11486.18		<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:

**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.

# MASTER BILL OF LADING

**ESTIMATED PICK UP DATE: 9/30/2024**

**SHIPPER**

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

Contact: ALEX GONZALEZ

BILL OF LADING :5020336446

TRAILER # SEAL #  
ORDER # : 1038319\_JAN73403131S, 1038319\_JON73402485S,  
1038319\_JON73403899S, 1038319\_LEB73401458S, 1038319\_LEB73403900S,  
1038319\_LGV73403190S, 1038319\_LGV73403897S, 1038319\_MAR73402486S,  
1038319\_MAR73403550S, 1038319\_SAT73401796S, 1038319\_SAT73402847S,  
1038319\_SBO73401674S, 1038319\_SBO73403696S, 1038319\_SCV73403892S,  
1038319\_WAL73401701S, 1038319\_WAL73401802S, 1038319\_ZAN73403548S,  
1038319\_ZAN73403549S

CR JAN73403131S  
CR JON73402485S  
CR JON73403899S  
CR LEB73401458S  
CR LEB73403900S  
CR LGV73403190S  
CR LGV73403897S  
CR MAR73402486S  
CR MAR73403550S  
CR SAT73401796S  
CR SAT73402847S  
CR SBO73401674S  
CR SBO73403696S  
CR SCV73403892S  
CR WAL73401701S  
CR WAL73401802S  
CR ZAN73403548S  
CR ZAN73403549S  
P8 2220Z7-01  
P8 2221J5-01  
P8 2221J9-01  
P8 2221V1-01  
P8 2222P7-01  
P8 2222Q4-01  
P8 2222X1-01  
P8 2222Z7-01  
P8 2224P6-01  
P8 2224P7-01  
P8 2225H1-01  
P8 2225H2-01  
P8 2225J6-01  
P8 2225J9-01  
P8 2225L7-01  
P8 2225L9-01  
P8 2225R8-01  
P8 2225S2-01  
PO 2220Z7-01  
PO 2221J5-01  
PO 2221J9-01  
PO 2221V1-01  
PO 2222P7-01  
PO 2222Q4-01  
PO 2222X1-01  
PO 2222Z7-01  
PO 2224P6-01  
PO 2224P7-01  
PO 2225H1-01  
PO 2225H2-01  
PO 2225J6-01  
PO 2225J9-01  
PO 2225L7-01  
PO 2225L9-01  
PO 2225R8-01  
PO 2225S2-01

Trailer # 7563  
Seal # 8096206

**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: 14068064001  
**14068064001**

**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

# MASTER BILL OF LADING

## SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

**CUSTOMS INSTRUCTION:**

**SPECIAL INSTRUCTION:**  
 71567224,Number of miles: 2036,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71568146,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71568145,Number of miles: 2652,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71568155,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71568158,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567282,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1873,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567286,71568157,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567222,Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567223,71567877,Number of miles: 2761, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567876,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2279,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567097,71567371,Number of miles: 2326,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2326,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71568144, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2430,71568150,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2430 | STOP#:1 PO - 2220Z7-01;2221J5-01;2221J9-01;2221V1-01;2222P7-01;2222Q4-01;2222X1-01;2222Z7-01;2224P6-01;2224P7-01;2225H1-01;2225H2-01;2225J6-01;2225J9-01;2225L7-01;2225L9-01;2225R8-01;2225S2-01,STOP#:1 CR - JAN73403131S;JON73402485S;JON73403899S;LEB73401458S;LEB73403900S;LGV73403190S;LGV73403897S;MAR73402486S;MAR73403550S;SAT73401796S;SAT73402847S;SBO73401674S;SBO73403696S;SCV73403892S;WAL73401701S;WAL73401802S;ZAN73403548S;ZAN73403549S | |

**SPECIAL SERVICES:**

### CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2221J5-01	3	45	784	346	NMFC_CLASS	300.0	SAN ANTONIO
2225R8-01	2	22	410	231	NMFC_CLASS	400.0	LEBEC
2225J6-01	6	104	1765	692	NMFC_CLASS	300.0	JONESVILLE
2225H1-01	5	91	1532	577	NMFC_CLASS	300.0	ZANESVILLE
2222X1-01	2	36	607	231	NMFC_CLASS	300.0	WALTON
2221J9-01	1	87	323	115	NMFC_CLASS	300.0	SAN ANTONIO
2225L7-01	3	61	1010	346	NMFC_CLASS	300.0	MARION
2224P6-01	3	59	981	346	NMFC_CLASS	300.0	SOUTH BOSTON
2222P7-01	4	67	1144	462	NMFC_CLASS	300.0	LONGVIEW
2225J9-01	1	139	482	115	NMFC_CLASS	200.0	JONESVILLE
2225H2-01	1	156	541	115	NMFC_CLASS	200.0	ZANESVILLE
2225L9-01	1	99	363	115	NMFC_CLASS	250.0	MARION
2222Z7-01	1	74	284	115	NMFC_CLASS	300.0	WALTON
2222Q4-01	1	93	345	115	NMFC_CLASS	250.0	LONGVIEW
2220Z7-01	1	51	214	115	NMFC_CLASS	400.0	SCOTTSVILLE
2221V1-01	1	72	277	115	NMFC_CLASS	300.0	JANESVILLE
2224P7-01	1	46	200	115	NMFC_CLASS	400.0	SOUTH BOSTON
2225S2-01	1	55	225	115	NMFC_CLASS	400.0	LEBEC
<b>GRAND TOTAL</b>	<b>38</b>	<b>1357</b>	<b>11487.00</b>	<b>4381.00</b>			

#### PALLET TYPE

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

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

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

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

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

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

Trailer Loaded:  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.

*[Handwritten Signature]*  
 9/30/24

*[Handwritten Signature]* 9/30/24



# MASTER BILL OF LADING

<b>SHIPPER</b>				<b>BILL OF LADING :5020336446</b>			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_LEB73401458S  PO: 2225R8-01 CR: LEB73401458S Customer Ship to Location: D6970			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
Name: LEBEC DISTRIBUTION CENTER Address: 4193 INDUSTRIAL PARKWAY DR City/State/Zip: LEBEC CA 93243				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064001			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>				<b>Freight Charge Terms :</b>			
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>			
<b>CUSTOMER</b>							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2225R8-01	2	22	410	231	NMFC_CLASS	400.0	LEBEC
<b>PALLET TYPE</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; <input type="checkbox"/> Prepaid; <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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.	
<b>SHIPPER SIGNATURE / DATE</b> 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		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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

<b>SHIPPER</b>				<b>CARRIER</b>					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				BILL OF LADING :5020336446 ORDER # : 1038319_JON73402485S  PO: 2225J6-01 CR: JON73402485S Customer Ship to Location: D6910					
<b>CONSIGNEE</b>				<b>CARRIER</b>					
Name: JONESVILLE DISTRIBUTION CENTER Address: 1451 SPARTANBURG HWY City/State/Zip: JONESVILLE SC 29353				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064001					
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>									
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"/>					
<b>CUSTOMER</b>									
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST		
2225J6-01	6	104	1765	692	NMFC_CLASS	300.0	JONESVILLE		
<b>PALLET TYPE</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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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.			
<b>SHIPPER SIGNATURE / DATE</b>			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		<b>CARRIER SIGNATURE / PICKUP DATE</b>		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.						Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response			
						Property described above is received in good order, except as noted			

# MASTER BILL OF LADING

SHIPPER							
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776					BILL OF LADING :5020336446 ORDER # : 1038319_ZAN73403548S  PO: 2225H1-01 CR: ZAN73403548S 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: 14068064001			
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
2225H1-01	5	91	1532	577	NMFC_CLASS	300.0	ZANESVILLE
<b>PALLET TYPE</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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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 _____		
<b>SHIPPER SIGNATURE / DATE</b> 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		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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 :5020336446 ORDER # : 1038319_WAL73401802S  PO: 2222X1-01 CR: WAL73401802S 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: 14068064001			
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
2222X1-01	2	36	607	231	NMFC_CLASS	300.0	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: <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		
<b>SHIPPER SIGNATURE / DATE</b> 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		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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 :5020336446 ORDER # : 1038319_SAT73402847S  PO: 2221J9-01 CR: SAT73402847S 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: 14068064001			
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
2221J9-01	1	87	323	115	NMFC_CLASS	300.0	SAN ANTONIO
<b>PALLET TYPE</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: <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 _____	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded:      Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			<b>CARRIER SIGNATURE / PICKUP DATE</b> 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

<b>SHIPPER</b>				<b>BILL OF LADING :5020336446</b>			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_MAR73403550S  PO: 2225L7-01 CR: MAR73403550S Customer Ship to Location: D6920			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
Name: DOLLAR GENERAL - MARION Address: 5575 DOLLAR GENERAL WAY City/State/Zip: MARION IN 46952				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064001			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>				<b>FREIGHT CHARGE TERMS</b>			
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_____			
<b>CUSTOMER</b>							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2225L7-01	3	61	1010	346	NMFC_CLASS	300.0	MARION
<b>PALLET TYPE</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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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.	
<b>SHIPPER SIGNATURE / DATE</b> 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	
				<b>SHIPPER SIGNATURE</b> _____ <b>CARRIER SIGNATURE / PICKUP DATE</b> 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

<b>SHIPPER</b>					<b>SHIPPER</b>		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776					BILL OF LADING :5020336446 ORDER # : 1038319_SBO73403696S  PO: 2224P6-01 CR: SBO73403696S Customer Ship to Location: D6500		
<b>CONSIGNEE</b>					<b>CARRIER</b>		
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: 14068064001		
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>					<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		
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>		
<b>CUSTOMER</b>							
<b>PO</b>	<b>PALLETS</b>	<b>QTY</b>	<b>WEIGHT (LB)</b>	<b>CUBE</b>	<b>NMFC</b>	<b>CLASS</b>	<b>FINAL_DEST</b>
2224P6-01	3	59	981	346	NMFC_CLASS	300.0	SOUTH BOSTON
<b>PALLET TYPE</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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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	
<b>SHIPPER SIGNATURE / DATE</b> 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	
						<b>CARRIER SIGNATURE / PICKUP DATE</b> 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

<b>SHIPPER</b>				<b>CARRIER</b>			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				BILL OF LADING :5020336446 ORDER # : 1038319_LGV73403190S  PO: 2222P7-01 CR: LGV73403190S Customer Ship to Location: D6160			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
Name: LONGVIEW DISTRIBUTION CENTER Address: 3300 GEORGE RICHEY RD City/State/Zip: LONGVIEW TX 75605				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064001			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
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>			
<b>CUSTOMER</b>							
<b>PO</b>	<b>PALLETS</b>	<b>QTY</b>	<b>WEIGHT (LB)</b>	<b>CUBE</b>	<b>NMFC</b>	<b>CLASS</b>	<b>FINAL_DEST</b>
2222P7-01	4	67	1144	462	NMFC_CLASS	300.0	LONGVIEW
<b>PALLET TYPE</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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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 _____	
<b>SHIPPER SIGNATURE / DATE</b> 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		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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

<b>SHIPPER</b>					<b>BILL OF LADING :5020336446</b>		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776					ORDER # : 1038319_JON73403899S  PO: 2225J9-01 CR: JON73403899S Customer Ship to Location: D6910		
<b>CONSIGNEE</b>					<b>CARRIER</b>		
Name: JONESVILLE DISTRIBUTION CENTER Address: 1451 SPARTANBURG HWY City/State/Zip: JONESVILLE SC 29353					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064001		
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
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_____		
<b>CUSTOMER</b>							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2225J9-01	1	139	482	115	NMFC_CLASS	200.0	JONESVILLE
<b>PALLET TYPE</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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</b>					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
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.					Shipper Signature _____		
<b>SHIPPER SIGNATURE / DATE</b> 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		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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

<b>SHIPPER</b>				<b>SHIPPER</b>			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				BILL OF LADING :5020336446 ORDER # : 1038319_ZAN73403549S  PO: 2225H2-01 CR: ZAN73403549S Customer Ship to Location: D6900			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
Name: ZANESVILLE DISTRIBUTION CENTER Address: 2505 E POINTE DR City/State/Zip: ZANESVILLE OH 43701				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064001			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
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>			
<b>CUSTOMER</b>							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2225H2-01	1	156	541	115	NMFC_CLASS	200.0	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"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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.		
<b>SHIPPER SIGNATURE / DATE</b> 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		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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

<b>SHIPPER</b>					<b>BILL OF LADING :5020336446</b>		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776					ORDER # : 1038319_MAR73402486S  PO: 2225L9-01 CR: MAR73402486S Customer Ship to Location: D6920		
<b>CONSIGNEE</b>					<b>CARRIER</b>		
Name: DOLLAR GENERAL - MARION Address: 5575 DOLLAR GENERAL WAY City/State/Zip: MARION IN 46952					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064001		
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
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"/>		
<b>CUSTOMER</b>							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2225L9-01	1	99	363	115	NMFC_CLASS	250.0	MARION
<b>PALLET TYPE</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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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 _____	
<b>SHIPPER SIGNATURE / DATE</b> 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	
<b>CARRIER SIGNATURE / PICKUP DATE</b> 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

<b>SHIPPER</b>				<b>CARRIER</b>			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				BILL OF LADING :5020336446 ORDER # : 1038319_WAL73401701S  PO: 2222Z7-01 CR: WAL73401701S Customer Ship to Location: D6170			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
Name: WALTON DISTRIBUTION CENTER Address: 950 WENSTRUP LN City/State/Zip: WALTON KY 41094				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064001			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
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>			
<b>CUSTOMER</b>							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2222Z7-01	1	74	284	115	NMFC_CLASS	300.0	WALTON
<b>PALLET TYPE</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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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 _____	
<b>SHIPPER SIGNATURE / DATE</b> 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		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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

<b>SHIPPER</b>					<b>BILL OF LADING :5020336446</b>		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776					ORDER #: 1038319_LGV73403897S  PO: 2222Q4-01 CR: LGV73403897S Customer Ship to Location: D6160		
<b>CONSIGNEE</b>					<b>CARRIER</b>		
Name: LONGVIEW DISTRIBUTION CENTER Address: 3300 GEORGE RICHEY RD City/State/Zip: LONGVIEW TX 75605					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064001		
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
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"/>		
<b>CUSTOMER</b>							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2222Q4-01	1	93	345	115	NMFC_CLASS	250.0	LONGVIEW
<b>PALLET TYPE</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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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 _____		
<b>SHIPPER SIGNATURE / DATE</b> 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		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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

<b>SHIPPER</b>					<b>BILL OF LADING :5020336446</b>		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776					ORDER #: 1038319_SCV73403892S  PO: 2220Z7-01 CR: SCV73403892S Customer Ship to Location: D6000		
<b>CONSIGNEE</b>					<b>CARRIER</b>		
Name: SCOTTSVILLE DISTRIBUTION CENTE Address: 427 BEECH ST City/State/Zip: SCOTTSVILLE KY 42164					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064001		
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
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>		
<b>CUSTOMER</b>							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2220Z7-01	1	51	214	115	NMFC_CLASS	400.0	SCOTTSVILLE
<b>PALLET TYPE</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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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 _____	
<b>SHIPPER SIGNATURE / DATE</b> 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	
						<b>CARRIER SIGNATURE / PICKUP DATE</b> 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 :5020336446 ORDER # : 1038319_JAN73403131S  PO: 2221V1-01 CR: JAN73403131S 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: 14068064001					
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		
2221V1-01	1	72	277	115	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"/>			
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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.			
<b>SHIPPER SIGNATURE / DATE</b> 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			<b>CARRIER SIGNATURE / PICKUP DATE</b> 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

<b>SHIPPER</b>				<b>CARRIER</b>			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				BILL OF LADING :5020336446 ORDER # : 1038319_SBO73401674S  PO: 2224P7-01 CR: SBO73401674S Customer Ship to Location: D6500			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
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: 14068064001			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
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"/>			
<b>CUSTOMER</b>							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2224P7-01	1	46	200	115	NMFC_CLASS	400.0	SOUTH BOSTON
<b>PALLET TYPE</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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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 _____	
<b>SHIPPER SIGNATURE / DATE</b> 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		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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

<b>SHIPPER</b>				<b>BILL OF LADING :5020336446</b>			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_LEB734039005  PO: 2225S2-01 CR: LEB734039005 Customer Ship to Location: D6970			
<b>CONSIGNEE</b>				<b>CARRIER</b>			
Name: LEBEC DISTRIBUTION CENTER Address: 4193 INDUSTRIAL PARKWAY DR City/State/Zip: LEBEC CA 93243				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064001			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>							
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>			
<b>CUSTOMER</b>							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2225S2-01	1	55	225	115	NMFC_CLASS	400.0	LEBEC
<b>PALLET TYPE</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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)</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.	
<b>SHIPPER SIGNATURE / DATE</b> 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	
				<b>SHIPPER SIGNATURE</b>			
				<b>CARRIER SIGNATURE / PICKUP DATE</b> 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: 9/30/2024 10:23:08 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000938186	
Name: E & E COMPANY LTD		 (402)06757163000938186	
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- JANESVILLE DC	Location #: 96130	Trailer number: 7563	
Address: 101 Innovation Drive		Seal number(s): 8096206	
City/State/Zip: Janesville, WI 53546		SCAC: HGLS	
CID#:		Pro Number: 14068064001	
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: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		<input type="checkbox"/> (check box)	
SPECIAL INSTRUCTIONS: Load #: 5020336446		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2221V1	72	227.04	Y N	
<b>Grand Total</b>	72	227.04		

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	(X)	Pallet		
		72	ctns	227.04		Sheet Set & Pillowcase	49260 Sub 3	250
1		72		277.04		<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:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

<b>COD Amount:</b> _____
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.

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.: 71567224    Order Date: 09/17/2024    Customer: DOLGEN- JANESVILLE DC    Customer PO No.: 2221V1

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN- JANESVILLE DC 101 INNOVATION DRIVE JANESVILLE, WI 53546 US	<b>Shipping Date:</b> 09/30/2024  <b>Shipment No.:</b> 300093818
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714102	DG21-330	022164388282	Std Microfiber Pillowcase	EA	12	480	40	480	40
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	384	32	384	32

<b>Total Weight:</b>	<b>227.04</b>
<b>Total Quantity Ordered:</b>	<b>864</b>
<b>Total Cartons Ordered:</b>	<b>72</b>
<b>Total Quantity Shipped:</b>	<b>864</b>
<b>Total Cartons Shipped:</b>	<b>72</b>

Date: 9/30/2024 10:23:09 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000938223	
Name: E & E COMPANY LTD		 (402)06757163000938223	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: 7563	
Name: DOLGEN - WALTON DC Location #: 96170		Seal number(s): 8096206	
Address: 950 Wenstrup Lane		SCAC: HGSL	
96170		Pro Number: 14068064001	
City/State/Zip: Walton, KY 41094			
CID#:			
Dept: 00		FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 5020336446		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
2222Z7	74	233.64	Y N	
<b>Grand Total</b>	74	233.64		

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		
		74	ctns	233.64		Sheet Set & Pillowcase	49260 Sub 3	250
1		74		283.64		<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:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

<b>COD Amount:</b> _____
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**

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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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\*\*\*PACKING LIST\*\*\*

PAGE 1 OF 1

Order No.: 71567371 Order Date: 09/17/2024 Customer: DOLGEN - WALTON DC Customer PO No.: 2222Z7

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - WALTON DC 950 WENSTRUP LANE WALTON, KY 41094 US	<b>Shipping Date:</b> 09/30/2024  <b>Shipment No.:</b> 300093822
--	--	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714102	DG21-330	022164388282	Std Microfiber Pillowcase	EA	12	504	42	504	42
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	384	32	384	32

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<b>Total Weight:</b>	<b>233.64</b>
<b>Total Quantity Ordered:</b>	<b>888</b>
<b>Total Cartons Ordered:</b>	<b>74</b>
<b>Total Quantity Shipped:</b>	<b>888</b>
<b>Total Cartons Shipped:</b>	<b>74</b>

Date: 9/30/2024 10:23:10 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: \_\_\_\_\_

Bill of Lading Number: 06757163000938308



CARRIER NAME: HUB CITY GROUP  
 Responsible Acct.No: \_\_\_\_\_

### SHIP TO

Name: DOLGEN - MARION DC Location #: 96920  
 Address: 5575 East Dollar General  
 96920  
 City/State/Zip: Marion, IN 46952  
 CID#: \_\_\_\_\_  
 Dept: 00

Trailer number: 7563  
 Seal number(s): 8096206

SCAC: HGLS  
 Pro Number: 14068064001

### THIRD PARTY FREIGHT CHARGES BILL TO:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

Prepaid:  Collect:  3rd Party: \_\_\_\_\_

Master Bill of Lading: with attached underlying Bills of Lading

City/State/Zip: \_\_\_\_\_

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

### SPECIAL INSTRUCTIONS:

Load #: 5020336446  
 Packing List is Attached

### CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
2225L9	99	313.17	Y	N	
<b>Grand Total</b>	<b>99</b>	<b>313.17</b>			

### 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		
		99	ctns	313.17		Sheet Set & Pillowcase	49260 Sub 3	250
1		99		363.17		<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.

\_\_\_\_\_  
 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.

\*\*\*PACKING LIST\*\*\*

PAGE 1 OF 1

Order No.: 71568157 Order Date: 09/17/2024 Customer: DOLGEN - MARION DC Customer PO No.: 2225L9

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - MARION DC 5575 EAST DOLLAR GENERAL MARION, IN 46952 US	<b>Shipping Date:</b> 09/30/2024  <b>Shipment No.:</b> 300093830
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714102	DG21-330	022164388282	Std Microfiber Pillowcase	EA	12	696	58	696	58
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	492	41	492	41

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<b>Total Weight:</b>	<b>313.17</b>
<b>Total Quantity Ordered:</b>	<b>1188</b>
<b>Total Cartons Ordered:</b>	<b>99</b>
<b>Total Quantity Shipped:</b>	<b>1188</b>
<b>Total Cartons Shipped:</b>	<b>99</b>



Order No.: 71567097    Order Date: 09/17/2024    Customer: DOLGEN - SCOTTSVILLE DC    Customer PO No.: 2220Z7

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - SCOTTSVILLE DC 427 BEECH STREET SCOTTSVILLE, KY 42164-1698 US	<b>Shipping Date:</b> 09/30/2024  <b>Shipment No.:</b> 300093815
--	--	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714102	DG21-330	022164388282	Std Microfiber Pillowcase	EA	12	444	37	444	37
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	168	14	168	14

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<b>Total Weight:</b>	163.68
<b>Total Quantity Ordered:</b>	612
<b>Total Cartons Ordered:</b>	51
<b>Total Quantity Shipped:</b>	612
<b>Total Cartons Shipped:</b>	51

Date: 9/30/2024 10:23:11 AM

# Bill Of Lading

### SHIP FROM

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

Bill of Lading Number: 06757163000938322



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No: \_\_\_\_\_

### SHIP TO

Name: DOLGEN- CALIFORNIA DC Location #: 96970  
 Address: 4193 Industrial Parkway Drive  
 96970  
 City/State/Zip: Lebec, CA 93243  
 CID#: \_\_\_\_\_  
 Dept: 00

Trailer number: 7563

Seal number(s): 8096206

SCAC: HGLS

Pro Number: 14068064001

FOB:

FOB:

### THIRD PARTY FREIGHT CHARGES BILL TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

Load #: 5020336446

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

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
2225S2	55	174.90	Y N	
<b>Grand Total</b>	55	174.90		

### 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		
		55	ctns	174.90		Sheet Set & Pillowcase	49260 Sub 3	250
1		55		224.90		<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:

\*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.: 71568158 Order Date: 09/17/2024 Customer: DOLGEN- CALIFORNIA DC Customer PO No.: 2225S2

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN- CALIFORNIA DC 4193 INDUSTRIAL PARKWAY DRIVE LEBEC, CA 93243 US	<b>Shipping Date:</b> 09/30/2024  <b>Shipment No.:</b> 300093832
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714102	DG21-330	022164388282	Std Microfiber Pillowcase	EA	12	420	35	420	35
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	240	20	240	20

<b>Total Weight:</b>	<b>174.9</b>
<b>Total Quantity Ordered:</b>	<b>660</b>
<b>Total Cartons Ordered:</b>	<b>55</b>
<b>Total Quantity Shipped:</b>	<b>660</b>
<b>Total Cartons Shipped:</b>	<b>55</b>

Date: 9/30/2024 10:23:12 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: 06757163000938278



(402)06757163000938278

**SHIP TO**

Name: DOLGEN - JONESVILLE DC Location #: 96910  
 Address: 1451 Spartanburg Hwy  
 96910  
 City/State/Zip: Jonesville, SC 29353  
 CID#: \_\_\_\_\_  
 Dept: 00 FOB:

**CARRIER NAME:** HUB CITY GROUP  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 7563  
 Seal number(s): 8096206  
**SCAC:** HGLS  
**Pro Number:** 14068064001

**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 #: 5020336446  
 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
2225J6	104	1465.36	Y N	
<b>Grand Total</b>	104	1465.36		

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
6	Pallet			300.00		Pallet		
		104	ctns	1465.36		Mattress Pads	149265	100
6		104		1765.36		<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:  
 \*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 / 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.

Shipper Signature

\*\*\*PACKING LIST\*\*\*

PAGE 1 OF 1

Order No.: 71568146 Order Date: 09/17/2024 Customer: DOLGEN - JONESVILLE DC Customer PO No.: 2225J6

**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:**  
09/30/2024  
**Shipment No.:**  
300093827


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	832	104	832	104

**Total Weight:** 1465.36  
**Total Quantity Ordered:** 832  
**Total Cartons Ordered:** 104  
**Total Quantity Shipped:** 832  
**Total Cartons Shipped:** 104

Date: 9/30/2024 10:23:12 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000938247	
Name:	E & E COMPANY LTD	 (402)06757163000938247	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		<b>CARRIER NAME:</b> HUB CITY GROUP Responsible Acct.No:	
SHIP TO		Trailer number: 7563	
Name:	DOLGEN - SOUTH BOSTON DC Location #: 96500	Seal number(s): 8096206	
Address:	3207 Philpott Road	<b>SCAC:</b> HGLS	
City/State/Zip:	US Hwy 58/360, 96500	<b>Pro Number:</b> 14068064001	
City/State/Zip:	South Boston, VA 24592-6607		
CID#:			
Dept:	00		
THIRD PARTY FREIGHT CHARGES BILL TO:		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Name:		<b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> X <b>3rd Party:</b>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b> Load #: 5020336446  Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2224P7	46	149.82	Y N	
<b>Grand Total</b>	46	149.82		

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		
		46	ctns	149.82		Sheet Set & Pillowcase	49260 Sub 3	250
1		46		199.82		<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:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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

<b>SHIPPER SIGNATURE / DATE</b> <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>
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Order No.: 71567877 Order Date: 09/17/2024 Customer: DOLGEN - SOUTH BOSTON DC Customer PO No.: 2224P7

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - SOUTH BOSTON DC 3207 PHILPOTT ROAD US HWY 58/360 SOUTH BOSTON, VA 24592-6607 US	<b>Shipping Date:</b> 09/30/2024  <b>Shipment No.:</b> 300093824
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714102	DG21-330	022164388282	Std Microfiber Pillowcase	EA	12	480	40	480	40
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	72	6	72	6

<b>Total Weight:</b>	149.82
<b>Total Quantity Ordered:</b>	552
<b>Total Cartons Ordered:</b>	46
<b>Total Quantity Shipped:</b>	552
<b>Total Cartons Shipped:</b>	46

Date: 9/30/2024 10:23:13 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: \_\_\_\_\_

Bill of Lading Number: 06757163000938162



CARRIER NAME: HUB CITY GROUP

Responsible Acct.No: \_\_\_\_\_

### SHIP TO

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

Trailer number: 7563

Seal number(s): 8096206

SCAC: HGLS

Pro Number: 14068064001

FOB:

FOB:

### THIRD PARTY FREIGHT CHARGES BILL TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

Load #: 5020336446

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

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
2221J5	45	634.05	Y N	
<b>Grand Total</b>	45	634.05		

### CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		45	ctns	634.05		Mattress Pads	149265	100
3		45		784.05		<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:

\*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.: 71567222    Order Date: 09/17/2024    Customer: DOLGEN - SAN ANTONIO DC    Customer PO No.: 2221J5

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - SAN ANTONIO DC 6601 CAL TURNER DRIVE SAN ANTONIO, TX 78220 US	<b>Shipping Date:</b> 09/30/2024  <b>Shipment No.:</b> 300093816
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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	360	45	360	45


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<b>Total Weight:</b>	<b>634.05</b>
<b>Total Quantity Ordered:</b>	<b>360</b>
<b>Total Cartons Ordered:</b>	<b>45</b>
<b>Total Quantity Shipped:</b>	<b>360</b>
<b>Total Cartons Shipped:</b>	<b>45</b>

Date: 9/30/2024 10:23:14 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000938209
Name:	E & E COMPANY LTD	 (402)06757163000938209
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:		CARRIER NAME: HUB CITY GROUP Responsible Acct.No:

SHIP TO		Trailer number: 7563
Name:	DOLGEN - LONGVIEW DC Location #: 96160	Seal number(s): 8096206
Address:	3300 E. George Richey Road	SCAC: HGLS Pro Number: 14068064001
	96160	
City/State/Zip:	Longview, TX 75605	
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 underlying Bills of Lading		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 5020336446		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2222Q4	93	294.69	Y N	
<b>Grand Total</b>	93	294.69		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		93	ctns	294.69		Sheet Set & Pillowcase	49260 Sub 3	250
1		93		344.69		<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:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.: 71567286 Order Date: 09/17/2024 Customer: DOLGEN - LONGVIEW DC Customer PO No.: 2222Q4

**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:**  
09/30/2024  
**Shipment No.:**  
300093820

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714102	DG21-330	022164388282	Std Microfiber Pillowcase	EA	12	672	56	672	56
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	444	37	444	37

**Total Weight:** 294.69  
**Total Quantity Ordered:** 1116  
**Total Cartons Ordered:** 93  
**Total Quantity Shipped:** 1116  
**Total Cartons Shipped:** 93

Date: 9/30/2024 10:23:14 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: 06757163000938254  
  
 (402)06757163000938254

**SHIP TO**  
 Name: DOLGEN - ZANESVILLE DC Location #: 96900  
 Address: 2505 East Pointe Drive  
 96900  
 City/State/Zip: Zanesville, OH 43701-7761  
 CID#: \_\_\_\_\_  
 Dept: 00 FOB:

**CARRIER NAME:** HUB CITY GROUP  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 7563  
 Seal number(s): 8096206  
**SCAC:** HGLS  
**Pro Number:** 14068064001

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
**SPECIAL INSTRUCTIONS:**  
 Load #: 5020336446  
 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  

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
2225H1	91	1282.19	Y N	
<b>Grand Total</b>	91	1282.19		

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
5	Pallet			250.00		Pallet		
		91	ctns	1282.19		Mattress Pads	149265	100
5		91		1532.19		<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:  
 "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.: 71568144    Order Date: 09/17/2024    Customer: DOLGEN - ZANESVILLE DC    Customer PO No.: 2225H1

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - ZANESVILLE DC 2505 EAST POINTE DRIVE ZANESVILLE, OH 43701-7761 US	<b>Shipping Date:</b> 09/30/2024  <b>Shipment No.:</b> 300093825
--	--	--	--

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	728	91	728	91

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<b>Total Weight:</b>	<b>1282.19</b>
<b>Total Quantity Ordered:</b>	<b>728</b>
<b>Total Cartons Ordered:</b>	<b>91</b>
<b>Total Quantity Shipped:</b>	<b>728</b>
<b>Total Cartons Shipped:</b>	<b>91</b>

Date: 9/30/2024 10:23:15 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: \_\_\_\_\_

Bill of Lading Number: 06757163000938315



CARRIER NAME: HUB CITY GROUP  
 Responsible Acct.No: \_\_\_\_\_

### SHIP TO

Name: DOLGEN- CALIFORNIA DC Location #: 96970  
 Address: 4193 Industrial Parkway Drive  
 96970  
 City/State/Zip: Lebec, CA 93243  
 CID#: \_\_\_\_\_  
 Dept: 00

Trailer number: 7563  
 Seal number(s): 8096206

SCAC: HGLS  
 Pro Number: 14068064001

FOB:

### THIRD PARTY FREIGHT CHARGES BILL TO:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

Prepaid:  Collect: **X** 3rd Party: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

SPECIAL INSTRUCTIONS:  
 Load #: 5020336446  
 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
2225R8	22	309.98	Y N	
<b>Grand Total</b>	22	309.98		

### 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		
		22	ctns	309.98		Mattress Pads	149265	100
2		22		409.98		<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:  
 "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.: 71568155 Order Date: 09/17/2024 Customer: DOLGEN- CALIFORNIA DC Customer PO No.: 2225R8

**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:**  
09/30/2024

**Shipment No.:**  
300093831


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	176	22	176	22

**Total Weight:** 309.98  
**Total Quantity Ordered:** 176  
**Total Cartons Ordered:** 22  
**Total Quantity Shipped:** 176  
**Total Cartons Shipped:** 22

Date: 9/30/2024 10:23:16 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000938230	
Name: E & E COMPANY LTD		 (402)06757163000938230	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: HUB CITY GROUP	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 7563	
VENDOR:		Seal number(s): 8096206	
FOB: <input type="checkbox"/>		SCAC: HGSL	
<b>SHIP TO</b>		Pro Number: 14068064001	
Name: DOLGEN - SOUTH BOSTON DC Location #: 96500		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 3207 Philpott Road		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party:	
US Hwy 58/360, 96500		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip: South Boston, VA 24592-6607			
CID#:		Appointment Time	
Dept: 00		Actual Driver Arrival Time	
FOB: <input type="checkbox"/>		Driver Departure Time	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		AM	
Name:		PM	
Address:		AM	
City/State/Zip:		PM	
SPECIAL INSTRUCTIONS:		AM	
Load #: 5020336446		PM	
Packing List is Attached		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2224P6	59	831.31	Y N	
<b>Grand Total</b>	59	831.31		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		59	ctns	831.31		Mattress Pads	149265	100
3		59		981.31		<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:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**COD Amount:** \_\_\_\_\_

**Fee Terms:** Collect:  Prepaid:

**Customer check acceptable:**

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

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

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

**Shipper Signature**

<p><b>SHIPPER SIGNATURE / DATE</b></p> <p><small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b></p> <p><small>Carrier acknowledges receipt of packages and required placards, Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small></p>
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Order No.: 71567876    Order Date: 09/17/2024    Customer: DOLGEN - SOUTH BOSTON DC    Customer PO No.: 2224P6

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - SOUTH BOSTON DC 3207 PHILPOTT ROAD US HWY 58/360 SOUTH BOSTON, VA 24592-6607 US	<b>Shipping Date:</b> 09/30/2024  <b>Shipment No.:</b> 300093823
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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	472	59	472	59

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<b>Total Weight:</b>	831.31
<b>Total Quantity Ordered:</b>	472
<b>Total Cartons Ordered:</b>	59
<b>Total Quantity Shipped:</b>	472
<b>Total Cartons Shipped:</b>	59



Order No.: 71567223    Order Date: 09/17/2024    Customer: DOLGEN - SAN ANTONIO DC    Customer PO No.: 2221J9

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - SAN ANTONIO DC 6601 CAL TURNER DRIVE SAN ANTONIO, TX 78220 US	<b>Shipping Date:</b> 09/30/2024  <b>Shipment No.:</b> 300093817
--	--	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714102	DG21-330	022164388282	Std Microfiber Pillowcase	EA	12	528	44	528	44
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	516	43	516	43

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<b>Total Weight:</b>	<b>272.91</b>
<b>Total Quantity Ordered:</b>	<b>1044</b>
<b>Total Cartons Ordered:</b>	<b>87</b>
<b>Total Quantity Shipped:</b>	<b>1044</b>
<b>Total Cartons Shipped:</b>	<b>87</b>

Date: 9/30/2024 10:23:17 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: 06757163000938216



(402)06757163000938216

CARRIER NAME: HUB CITY GROUP

Responsible Acct.No:

Trailer number: 7563

Seal number(s): 8096206

SCAC: HGSL

Pro Number: 14068064001

### 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 #: 5020336446

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
2222X1	36	507.24	Y	N	
<b>Grand Total</b>	<b>36</b>	<b>507.24</b>			

### 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		
		36	ctns	507.24		Mattress Pads	149265	100
2		36		607.24		<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:  
\*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.: 71567285 Order Date: 09/17/2024 Customer: DOLGEN - WALTON DC Customer PO No.: 2222X1

**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:**

09/30/2024

**Shipment No.:**

300093821


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	288	36	288	36

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**Total Weight:** 507.24  
**Total Quantity Ordered:** 288  
**Total Cartons Ordered:** 36  
**Total Quantity Shipped:** 288  
**Total Cartons Shipped:** 36

Date: 9/30/2024 10:23:17 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000938193	
Name: E & E COMPANY LTD		 (402)06757163000938193	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: HUB CITY GROUP	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 7563	
VENDOR:		Seal number(s): 8096206	
<b>SHIP TO</b>		SCAC: HGLS	
Name: DOLGEN - LONGVIEW DC      Location #: 96160		Pro Number: 14068064001	
Address: 3300 E. George Richey Road			
96160			
City/State/Zip: Longview, TX 75605			
CID#:			
Dept: 00      FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:                      Collect: X                      3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box)                      underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time      Actual Driver Arrival Time      Driver Departure Time	
Load #: 5020336446		AM                                      AM                                      AM	
Packing List is Attached		PM                                      PM                                      PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2222P7	67	944.03	Y      N	
<b>Grand Total</b>	67	944.03		

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
4	Pallet			200.00		Pallet		
		67	ctns	944.03		Mattress Pads	149265	100
4		67		1144.03		<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:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

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

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>SHIPPER SIGNATURE</b> _____ _____ <b>CARRIER SIGNATURE / PICKUP DATE</b> 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.: 71567282 Order Date: 09/17/2024 Customer: DOLGEN - LONGVIEW DC Customer PO No.: 2222P7

**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:**  
09/30/2024  
**Shipment No.:**  
300093819

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	536	67	536	67


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**Total Weight:** 944.03  
**Total Quantity Ordered:** 536  
**Total Cartons Ordered:** 67  
**Total Quantity Shipped:** 536  
**Total Cartons Shipped:** 67

Date: 9/30/2024 10:23:18 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000938285	
Name:	E & E COMPANY LTD	 (402)06757163000938285	
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 - JONESVILLE DC	Location #:	96910
Address:	1451 Spartanburg Hwy		
	96910		
City/State/Zip:	Jonesville, SC 29353		
CID#:			
Dept:	00	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: 7563	
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:	Prepaid: <input type="checkbox"/> Collect: X 3rd Party:		
City/State/Zip:	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
SPECIAL INSTRUCTIONS:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 5020336446	AM	AM	AM
Packing List is Attached	PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2225J9	139	431.64	Y N	
<b>Grand Total</b>	139	431.64		

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		
		139	ctns	431.64		Sheet Set & Pillowcase	49260 Sub 3	250
1		139		481.64		<b>Grand Total</b>		

<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><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b> 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;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b>                  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><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  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.: 71568145 Order Date: 09/17/2024 Customer: DOLGEN - JONESVILLE DC Customer PO No.: 2225J9

**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:**  
09/30/2024  
**Shipment No.:**  
300093828


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714102	DG21-330	022164388282	Std Microfiber Pillowcase	EA	12	684	57	684	57
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	984	82	984	82

**Total Weight:** 431.64  
**Total Quantity Ordered:** 1668  
**Total Cartons Ordered:** 139  
**Total Quantity Shipped:** 1668  
**Total Cartons Shipped:** 139

Date: 9/30/2024 10:23:19 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000938292	
Name: E & E COMPANY LTD		 (402)06757163000938292	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:	FOB: <input type="checkbox"/>	CARRIER NAME: HUB CITY GROUP	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: 7563	
Name: DOLGEN - MARION DC Location #: 96920		Seal number(s): 8096206	
Address: 5575 East Dollar General		SCAC: HGLS Pro Number: 14068064001	
96920			
City/State/Zip: Marion, IN 46952			
CID#:			
Dept: 00	FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Address:			
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM AM AM PM PM PM	
Load #: 5020336446			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2225L7	61	859.49	Y N	
<b>Grand Total</b>	61	859.49		

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
3	Pallet			150.00		Pallet		
		61	ctns	859.49		Mattress Pads	149265	100
3		61		1009.49		<b>Grand Total</b>		

<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><b>COD Amount:</b> _____</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).**

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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<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.: 71568149 Order Date: 09/17/2024 Customer: DOLGEN - MARION DC Customer PO No.: 2225L7

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - MARION DC 5575 EAST DOLLAR GENERAL MARION, IN 46952 US	<b>Shipping Date:</b> 09/30/2024  <b>Shipment No.:</b> 300093829
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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	488	61	488	61

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<b>Total Weight:</b>	<b>859.49</b>
<b>Total Quantity Ordered:</b>	<b>488</b>
<b>Total Cartons Ordered:</b>	<b>61</b>
<b>Total Quantity Shipped:</b>	<b>488</b>
<b>Total Cartons Shipped:</b>	<b>61</b>

Date: 9/30/2024 10:23:19 AM

# Bill Of Lading

### SHIP FROM

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

Bill of Lading Number: 06757163000938261



CARRIER NAME: HUB CITY GROUP  
 Responsible Acct.No:

### SHIP TO

Name: DOLGEN - ZANESVILLE DC Location #: 96900  
 Address: 2505 East Pointe Drive  
 96900  
 City/State/Zip: Zanesville, OH 43701-7761  
 CID#:  
 Dept: 00

Trailer number: 7563  
 Seal number(s): 8096206

SCAC: HGLS  
 Pro Number: 14068064001

### 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 #: 5020336446  
 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
2225H2	156	491.04	Y N	
<b>Grand Total</b>	156	491.04		

### 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		
		156	ctns	491.04		Sheet Set & Pillowcase	49260 Sub 3	250
1		156		541.04		<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:  
 "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.: 71568150    Order Date: 09/17/2024    Customer: DOLGEN - ZANESVILLE    Customer PO No.: 2225H2  
DC

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - ZANESVILLE DC 2505 EAST POINTE DRIVE ZANESVILLE, OH 43701-7761 US	<b>Shipping Date:</b> 09/30/2024  <b>Shipment No.:</b> 300093826
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714102	DG21-330	022164388282	Std Microfiber Pillowcase	EA	12	1008	84	1008	84
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	864	72	864	72

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<b>Total Weight:</b>	<b>491.04</b>
<b>Total Quantity Ordered:</b>	<b>1872</b>
<b>Total Cartons Ordered:</b>	<b>156</b>
<b>Total Quantity Shipped:</b>	<b>1872</b>
<b>Total Cartons Shipped:</b>	<b>156</b>