

Date: 9/30/2024 2:18:39 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000938346
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: HUB CITY GROUP
Name:	HUBGROUP FONTANA CROSSDOCK	DC#:
Address:	13204 Philadelphia Ave	Div.:
City/State/Zip:	FONTANA, CA 92337	
SID#:	FOB: <input type="checkbox"/>	
		Trailer number: 53152
		Seal number(s): 8096203
		SCAC: HGLS
		Pro Number: 14068064101

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
City/State/Zip:		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 5020335737		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
2222B9	161	512.49	Y	N	06757163000938018	96140	
2225F4	102	325.38	Y	N	06757163000938100	96700	
2221B9	135	427.02	Y	N	06757163000937981	96100	
2222L6	13	40.92	Y	N	06757163000938032	96150	
2224V9	66	206.58	Y	N	06757163000938087	96600	
2224L6	62	873.58	Y	N	06757163000938049	96300	
2221P5	78	1099.02	Y	N	06757163000937998	96130	
2224V6	39	549.51	Y	N	06757163000938070	96600	
2224N9	112	361.02	Y	N	06757163000938056	96300	
2225C1	56	789.04	Y	N	06757163000938094	96700	
2225Q9	47	662.23	Y	N	06757163000938131	96930	
2222L1	36	507.24	Y	N	06757163000938025	96150	
2225G6	82	261.36	Y	N	06757163000938124	96800	

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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Date: 9/30/2024 2:18:39 PM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>	Master Bill of Lading Number: 06757163000938346
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SHIP TO		Name: HUBGROUP FONTANA CROSSDOCK Address: 13204 Philadelphia Ave City/State/Zip: FONTANA, CA 92337 SID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: HUB CITY GROUP Trailer number: 53152 Seal number(s): 8096203 SCAC: HGLS Pro Number: 14068064101
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THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____	Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING						
SPECIAL INSTRUCTIONS:		Load #: 5020335737	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM PM	AM PM	AM PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time							
AM PM	AM PM	AM PM							

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	DC#	Supplier#
2221X7	68	958.12	Y	N	06757163000938001	96140	
2225R0	94	293.70	Y	N	06757163000938148	96930	
2224T1	33	108.90	Y	N	06757163000938063	96540	
2225G4	32	450.88	Y	N	06757163000938117	96800	
2221B1	75	1056.75	Y	N	06757163000937974	96100	
Grand Total	1291	9483.74					

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
37	Pallet			1850.00		Pallet		70
		493	ctns	6946.37		Mattress Pads	149265	100
		798	ctns	2537.37		Sheet Set & Pillowcase	49260 Sub 3	250
37				11333.74		Grand Total		

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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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 :5020335737

TRAILER # SEAL #

ORDER # : 1038319_ALC73401738S, 1038319_ALC73402084S,
 1038319_AMS73401678S, 1038319_AMS73403896S, 1038319_ARD73403443S,
 1038319_ARD73403830S, 1038319_BES73403191S, 1038319_BES73403464S,
 1038319_BLA73401803S, 1038319_BTH73401452S, 1038319_BTH73402356S,
 1038319_FLT73402854S, 1038319_FLT73403754S, 1038319_IND73403787S,
 1038319_IND73403898S, 1038319_JAC73402479S, 1038319_JAC73403798S,
 1038319_JAN73402478S

Trailer # 53152
Seal # 8096203

- CR ALC73401738S
- CR ALC73402084S
- CR AMS73401678S
- CR AMS73403896S
- CR ARD73403443S
- CR ARD73403830S
- CR BES73403191S
- CR BES73403464S
- CR BLA73401803S
- CR BTH73401452S
- CR BTH73402356S
- CR FLT73402854S
- CR FLT73403754S
- CR IND73403787S
- CR IND73403898S
- CR JAC73402479S
- CR JAC73403798S
- CR JAN73402478S
- P8 2221B1-01
- P8 2221B9-01
- P8 2221P5-01
- P8 2221X7-01
- P8 2222B9-01
- P8 2222L1-01
- P8 2222L6-01
- P8 2224L6-01
- P8 2224N9-01
- P8 2224T1-01
- P8 2224V6-01
- P8 2224V9-01
- P8 2225C1-01
- P8 2225F4-01
- P8 2225G4-01
- P8 2225G6-01
- P8 2225Q9-01
- P8 2225R0-01
- PO 2221B1-01
- PO 2221B9-01
- PO 2221P5-01
- PO 2221X7-01
- PO 2222B9-01
- PO 2222L1-01
- PO 2222L6-01
- PO 2224L6-01
- PO 2224N9-01
- PO 2224T1-01
- PO 2224V6-01
- PO 2224V9-01
- PO 2225C1-01
- PO 2225F4-01
- PO 2225G4-01
- PO 2225G6-01
- PO 2225Q9-01
- PO 2225R0-01

CONSIGNEE

Name: HUBGROUP FONTANA CROSSDOCK

Address: 13204 PHILADELPHIA AVE YARD

City/State/Zip: FONTANA, CA 92337

Contact:

CARRIER

CARRIER NAME: HUB HIGHWAY SERVICES

SCAC: HHWY

PRO NUMBER: 14068064101

14068064101

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:

71568152,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2705,71568148,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567283,Number of miles: 2824,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567284,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2824,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567759,71567758,Number of miles: 1736,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71568160,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71568154,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567878,71567098,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567099,71568142,Number of miles: 1885, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567968,Number of miles: 2144,71567940,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567939,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2144,71567281,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71567226,71567225,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2036 | STOP#:1 PO - 2221B1-01;2221B9-01;2221P5-01;2221X7-01;2222B9-01;2222L1-01;2222L6-01;2224L6-01;2224N9-01;2224T1-01;2224V6-01;2224V9-01;2225C1-01;2225F4-01;2225G4-01;2225G6-01;2225Q9-01;2225R0-01,STOP#:1 CR - ALC73401738S;ALC73402084S;AMS73401678S; AMS73403896S;ARD73403443S;ARD73403830S;BES73403191S;BES73403464S;BLA73401803S;BTH73401452S;BTH73402356S;FLT73402854S; FLT73403754S;IND73403787S;IND73403898S;JAC73402479S;JAC73403798S;JAN73402478S | |

SPECIAL SERVICES:

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2222L1-01	2	36	607	231	NMFC_CLASS	300.0	AMSTERDAM
2224N9-01	1	112	411	115	NMFC_CLASS	250.0	ARDMORE
2224L6-01	4	62	1074	462	NMFC_CLASS	300.0	ARDMORE
2224V6-01	2	39	650	231	NMFC_CLASS	300.0	INDIANOLA
2225C1-01	3	56	939	346	NMFC_CLASS	300.0	FULTON
2221B1-01	4	75	1257	462	NMFC_CLASS	300.0	BETHEL
2225F4-01	1	102	375	115	NMFC_CLASS	250.0	FULTON
2225R0-01	1	94	344	115	NMFC_CLASS	300.0	BESSEMER
2221B9-01	1	135	477	115	NMFC_CLASS	200.0	BETHEL
2225G6-01	1	82	311	115	NMFC_CLASS	300.0	ALACHUA
2225Q9-01	3	47	812	346	NMFC_CLASS	300.0	BESSEMER
2221P5-01	4	78	1299	462	NMFC_CLASS	300.0	JANESVILLE
2222B9-01	1	161	563	115	NMFC_CLASS	200.0	JACKSON
2221X7-01	4	68	1158	462	NMFC_CLASS	300.0	JACKSON
2225G4-01	2	32	551	231	NMFC_CLASS	300.0	ALACHUA
2222L6-01	1	13	91	115	NMFC_CLASS	500.0	AMSTERDAM
2224T1-01	1	33	159	115	NMFC_CLASS	400.0	BLAIR
2224V9-01	1	66	257	115	NMFC_CLASS	300.0	INDIANOLA
GRAND TOTAL	37	1291	11335.00	4268.00			

PALLET TYPE

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

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Property described above is received in good order, except as noted.

Abraham 9/30/24

Michael Jordan 09/30/2024

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5020335737			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_AMS73401678S PO: 2222L1-01 CR: AMS73401678S Customer Ship to Location: D6150			
CONSIGNEE				CARRIER			
Name: AMSTERDAM DISTRIBUTION CENTER Address: 2041 STATE HIGHWAY 5S City/State/Zip: AMSTERDAM NY 12010				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid ____ Collect ____ 3rd Party <u> X </u>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2222L1-01	2	36	607	231	NMFC_CLASS	300.0	AMSTERDAM
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted

MASTER BILL OF LADING

SHIPPER					CONSIGNEE			CARRIER					
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776					Name: ARDMORE DISTRIBUTION CENTER Address: 401 GENERAL DR City/State/Zip: ARDMORE OK 73401			BILL OF LADING :5020335737 ORDER # : 1038319_ARD73403830S PO: 2224L6-01 CR: ARD73403830S Customer Ship to Location: D6300					
THIRD PARTY FREIGHT CHARGES BILL TO					CUSTOMER								
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523					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>					
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST						
2224L6-01	4	62	1074	462	NMFC_CLASS	300.0	ARDMORE						
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)													
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MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5020335737			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_IND73403898S PO: 2224V6-01 CR: IND73403898S Customer Ship to Location: D6600			
CONSIGNEE				CARRIER			
Name: INDIANOLA DISTRIBUTION CENTER Address: 914 HIGHWAY 82 W City/State/Zip: INDIANOLA MS 38751				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2224V6-01	2	39	650	231	NMFC_CLASS	300.0	INDIANOLA
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5020335737			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER #: 1038319_BTH73401452S PO: 2221B1-01 CR: BTH73401452S Customer Ship to Location: D6100			
CONSIGNEE				CARRIER			
Name: BETHEL DISTRIBUTION CENTER Address: 30 MARTHA DR City/State/Zip: BETHEL PA 19507				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064101			
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
2221B1-01	4	75	1257	462	NMFC_CLASS	300.0	BETHEL
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted	

MASTER BILL OF LADING

SHIPPER									
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				BILL OF LADING :5020335737 ORDER # : 1038319_FLT73402854S PO: 2225F4-01 CR: FLT73402854S Customer Ship to Location: D6700					
CONSIGNEE				CARRIER					
Name: DOLLAR GENERAL - FULTON Address: 1900 CARDINAL DR City/State/Zip: FULTON MO 65251				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064101					
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		
2225F4-01	1	102	375	115	NMFC_CLASS	250.0	FULTON		
PALLET TYPE									
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver			Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted	

MASTER BILL OF LADING

SHIPPER					BILL OF LADING :5020335737		
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776					ORDER # : 1038319_BES73403464S PO: 2225R0-01 CR: BES73403464S Customer Ship to Location: D6930		
CONSIGNEE					CARRIER		
Name: BESSEMER DISTRIBUTION CENTER Address: 4101 LAKESHORE PKWY City/State/Zip: BESSEMER AL 35022					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064101		
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>		
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2225R0-01	1	94	344	115	NMFC_CLASS	300.0	BESSEMER
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are property classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted

MASTER BILL OF LADING

SHIPPER				CARRIER			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				BILL OF LADING :5020335737 ORDER # : 1038319_ALC73401738S PO: 2225G6-01 CR: ALC73401738S Customer Ship to Location: D6800			
CONSIGNEE				CARRIER			
Name: ALACHUA DISTRIBUTION CENTER Address: 12000 NW 173RD ST City/State/Zip: ALACHUA FL 32615				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064101			
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
2225G6-01	1	82	311	115	NMFC_CLASS	300.0	ALACHUA
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted	

MASTER BILL OF LADING

SHIPPER				CARRIER			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				BILL OF LADING :5020335737 ORDER # : 1038319_BES73403191S PO: 2225Q9-01 CR: BES73403191S Customer Ship to Location: D6930			
CONSIGNEE				CARRIER			
Name: BESSEMER DISTRIBUTION CENTER Address: 4101 LAKESHORE PKWY City/State/Zip: BESSEMER AL 35022				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2225Q9-01	3	47	812	346	NMFC_CLASS	300.0	BESSEMER
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted	

MASTER BILL OF LADING

SHIPPER				BILL OF LADING :5020335737			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				ORDER # : 1038319_JAN73402478S PO: 2221P5-01 CR: JAN73402478S 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: 14068064101			
THIRD PARTY FREIGHT CHARGES BILL TO				CUSTOMER			
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"/>			
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2221P5-01	4	78	1299	462	NMFC_CLASS	300.0	JANESVILLE
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature	
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CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted							

MASTER BILL OF LADING

SHIPPER							
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				BILL OF LADING :5020335737 ORDER # : 1038319_JAC73402479S PO: 2222B9-01 CR: JAC73402479S Customer Ship to Location: D6140			
CONSIGNEE				CARRIER			
Name: JACKSON DISTRIBUTION CENTER Address: 200 JACKSON RD City/State/Zip: JACKSON GA 30233				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064101			
THIRD PARTY FREIGHT CHARGES BILL TO							
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523				Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>			
CUSTOMER							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2222B9-01	1	161	563	115	NMFC_CLASS	200.0	JACKSON
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted	

MASTER BILL OF LADING

SHIPPER				CARRIER			
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776				BILL OF LADING :5020335737 ORDER # : 1038319_JAC73403798S PO: 2221X7-01 CR: JAC73403798S Customer Ship to Location: D6140			
CONSIGNEE				CARRIER			
Name: JACKSON DISTRIBUTION CENTER Address: 200 JACKSON RD City/State/Zip: JACKSON GA 30233				CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064101			
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
2221X7-01	4	68	1158	462	NMFC_CLASS	300.0	JACKSON
PALLET TYPE							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)							
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MASTER BILL OF LADING

SHIPPER															
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776					BILL OF LADING :5020335737 ORDER # : 1038319_ALC73402084S PO: 2225G4-01 CR: ALC73402084S Customer Ship to Location: D6800										
CONSIGNEE					CARRIER										
Name: ALACHUA DISTRIBUTION CENTER Address: 12000 NW 173RD ST City/State/Zip: ALACHUA FL 32615					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14068064101										
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								
2225G4-01	2	32	551	231	NMFC_CLASS	300.0	ALACHUA								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">PALLET TYPE</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								PALLET TYPE							
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)															
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response Property described above is received in good order, except as noted										