

SHIP FROM		Master Bill of Lading Number: 06757168001311556	
Name: E & E COMPANY LTD			
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name: Consolidation Dock 7101 DC#: 7101		Trailer number: 142391	
Address: 1200 Mason Dixon Ln 7101		Seal number(s): 36975907	
City/State/Zip: Conley, GA 30288		SCAC: WALM	
SID#: _____ FOB: <input type="checkbox"/>		Pro Number: 0000	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip: _____		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS: Load #: 82515808		AM PM AM PM AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1330447476	11	71.39	Y	N	06757168001311044	6038A	
1382400770	7	45.43	Y	N	06757168001311051	6068A	
1430199499	17	135.83	Y	N	06757168001311068	6031A	
1730328498	11	173.39	Y	N	06757168001311075	6027A	
1880497516	3	19.47	Y	N	06757168001311082	7045A	
1880547023	105	762.31	Y	N	06757168001311099	6018A	
1880547265	3	19.47	Y	N	06757168001311105	6018A	
2282052110	10	115.90	Y	N	06757168001311129	7035A	
2730338515	31	201.19	Y	N	06757168001311136	7036A	
2830169134	9	58.41	Y	N	06757168001311143	6036A	
3030378081	3	19.47	Y	N	06757168001311150	6043A	
3130377937	15	97.35	Y	N	06757168001311211	6039A	
3131046304	8	51.92	Y	N	06757168001311228	6048A	
3230328661	18	116.82	Y	N	06757168001311235	6026A	

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.

<p>SHIPPER SIGNATURE / DATE</p> <p>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 provisions of the DOT.</p> <p><i>[Signature]</i> 11/1/24</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted:</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>CARRIER SIGNATURE / PICKUP DATE</p> <p>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> <p><i>[Signature]</i> 11-1-24</p>
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SHIP FROM		Master Bill of Lading Number: 06757168001311556	
Name:	E & E COMPANY LTD		
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Consolidation Dock 7101	DC#:	7101
		Div.:	
Address:	1200 Mason Dixon Ln 7101	Trailer number:	142391
City/State/Zip:	Conley, GA 30288	Seal number(s):	36975907
SID#:	FOB: <input type="checkbox"/>	SCAC:	WALM
THIRD PARTY FREIGHT CHARGES BILL TO:		Pro Number: 0000	
Name:	Freight Charge Terms:		
Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
City/State/Zip:	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
SPECIAL INSTRUCTIONS:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 82515808	AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
3430826791	3	19.47	Y	N	06757168001311242	7039A	
3680397957	7	45.43	Y	N	06757168001311259	6021A	
3730299615	15	97.35	Y	N	06757168001311266	6006A	
3880248919	13	84.37	Y	N	06757168001311273	6012A	
3930248477	14	108.95	Y	N	06757168001311280	7038A	
3930248704	11	71.39	Y	N	06757168001311297	7038A	
3931036254	5	32.45	Y	N	06757168001311303	6009A	
4480239135	3	19.47	Y	N	06757168001311310	6066A	
5030149302	14	90.86	Y	N	06757168001311327	6020A	
5030278572	17	110.33	Y	N	06757168001311334	6035A	
5235148439	9	58.41	Y	N	06757168001311341	6016A	
5380069971	8	51.92	Y	N	06757168001311358	6094A	
5380896878	8	51.92	Y	N	06757168001311372	6023A	
5382042363	16	129.34	Y	N	06757168001311389	7033A	

When 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.

Total Pallets: 44

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.: 71957729 **Order Date:** 10/28/2024 **Customer:** WALMARTWHS **Customer PO No.:** 4480239135
PO Type No.: 0033 **Location No.:** 6066A **Dept. No.:** 00014

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

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

SHIP TO:
 WAL-MART DC 6066A-ASM DIS
 690 CRENSHAW BLVD
 HOPKINSVILLE, KY 42240

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666852224	SD171-0020	022164360257	Blue Raspberry Snow Cone Syrup	EA	6	12	2	12	2
666852222	SD171-0021	022164360264	Tigers Blood Snow Cone Syrup	EA	6	6	1	6	1

Total Quantity Ordered: 18
Total Ordered: 3
Total Quantity Shipped: 18
Total Cartons Shipped: 3