

SHIP FROM		Master Bill of Lading Number: 06757168001309614	
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		Trailer number: 196320	
DC#: 7101		Seal number(s): 36585140	
Div.		SCAC: WALM	
Address: 1200 Mason Dixon Ln		Pro Number: 0000	
7101			
City/State/Zip: Conley, GA 30288			
SID#:	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
City/State/Zip:		(check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 82457271		0900 AM	1235 AM
			1426 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
1330447277	3	19.47	Y	N	06757168001298192	6038A	
1382400539	4	25.96	Y	N	06757168001298468	6068A	
1430199266	4	25.96	Y	N	06757168001298512	6031A	
1730328288	5	32.45	Y	N	06757168001298222	6027A	
1880497288	1	6.49	Y	N	06757168001298291	7045A	
2282051886	6	38.94	Y	N	06757168001298345	7035A	
2830168923	8	51.92	Y	N	06757168001298116	6036A	
3030377862	3	19.47	Y	N	06757168001298444	6043A	
3030377960	9	58.41	Y	N	06757168001308129	6043A	
3130377729	10	64.90	Y	N	06757168001298338	6039A	
3131046098	4	25.96	Y	N	06757168001298147	6048A	
3230328447	4	25.96	Y	N	06757168001298307	6026A	
3430826590	8	51.92	Y	N	06757168001298499	7039A	
3680397732	1	6.49	Y	N	06757168001298369	6021A	

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>	
<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 regulations of the DOT.</p> <p>Total Pallet: 37 <i>[Signature]</i> 10/30/24</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><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 kit/book or equivalent documentation in the vehicle.</p> <p><i>[Signature]</i> 10/30/24</p>		

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DC#: 7101		Seal number(s): 36585140	
Div.		SCAC: WALM	
Address: 1200 Mason Dixon Ln		Pro Number: 0000	
City/State/Zip: Conley, GA 30288			
SID#:	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
City/State/Zip:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 82457271		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	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#
3880248705	3	19.47	Y	N	06757168001298284	6012A	
3930248517	4	25.96	Y	N	06757168001298277	7038A	
3931036050	6	38.94	Y	N	06757168001298154	6009A	
4480238922	3	19.47	Y	N	06757168001298239	6066A	
5030149080	1	6.49	Y	N	06757168001298437	6020A	
5030278341	2	12.98	Y	N	06757168001298215	6035A	
5235148226	11	71.39	Y	N	06757168001298178	6016A	
5380069762	2	12.98	Y	N	06757168001298253	6094A	
5380896669	3	19.47	Y	N	06757168001298390	6023A	
5382042137	4	25.96	Y	N	06757168001298482	7033A	
5735158032	1	6.49	Y	N	06757168001298376	6092A	
5780328010	1	6.49	Y	N	06757168001298451	7034A	
6280397962	4	25.96	Y	N	06757168001298314	7026A	
7335197661	1	6.49	Y	N	06757168001298208	6030A	

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</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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Order No.: 71809062 Order Date: 10/14/2024 Customer: WALMARTWHS Customer PO No.: 7335197661
 PO Type No.: 0033 Location No.: 6030A 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 6030A-ASM DIS
 42 FREETOWN ROAD
 RAYMOND, NH 03077

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666852222	SD171-0021	022164360264	Tigers Blood Snow Cone Syrup	EA	6	6	1	6	1

Total Quantity Ordered: 6
Total Ordered: 1
Total Quantity Shipped: 6
Total Cartons Shipped: 1