Date: 10/28/2024 12:06:01 PM

Master Bill Of Lading

SHIP FROM

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

SHIP TO

Name: HUBGROUP FONTANA CROSSDOCK
DC#:
Div.
Address: 13204 Philadelphia Ave
City/State/Zip: FONTANA, CA 92337
SID#:
FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 5021363423

Master Bill of Lading Number: 06757163000949250

CARRIER NAME: HUB CITY GROUP

Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

Freight Charge Terms:

Prepaid: ☐ Collect: ☒ 3rd Party: ☐

☒ (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

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)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
22HF05	16	47.52	Y	N	06757163000948956	96000	
22HF13	17	239.53	Y	N	06757163000948963	96100	
22HF18	74	236.61	Y	N	06757163000948970	96100	
22HF22	21	295.89	Y	N	06757163000948987	96120	
22HF25	22	66.33	Y	N	06757163000948994	96120	
22HF29	14	197.26	Y	N	06757163000949007	96130	
22HF31	17	53.13	Y	N	06757163000949014	96130	
22HF33	21	295.89	Y	N	06757163000949021	96140	
22HF34	18	53.46	Y	N	06757163000949038	96140	
22HF36	10	140.90	Y	N	06757163000949045	96150	
22HF38	24	76.23	Y	N	06757163000949052	96150	
22HF40	24	73.26	Y	N	06757163000949069	96160	
22HF52	8	112.72	Y	N	06757163000949076	96500	

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.

Date: 10/28/2024 12:06:01 PM

Master Bill Of Lading

SHIP FROM

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

SHIP TO

Name: HUBGROUP FONTANA CROSSDOCK
DC#:
Div.
Address: 13204 Philadelphia Ave
City/State/Zip: FONTANA, CA 92337
SID#:
FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 5021363423

Master Bill of Lading Number: 06757163000949250

CARRIER NAME: HUB CITY GROUP

Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

Freight Charge Terms:

Prepaid: ☐ Collect: ☒ 3rd Party: ☐

☒ (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

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)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
22HF54	32	100.98	Y	N	06757163000949083	96500	
22HF57	20	281.80	Y	N	06757163000949090	96540	
22HFC6	18	57.09	Y	N	06757163000949106	96540	
22HFF7	5	70.45	Y	N	06757163000949113	96600	
22HFG2	11	32.67	Y	N	06757163000949120	96600	
22HFG7	47	662.23	Y	N	06757163000949137	96700	
22HFG9	18	53.46	Y	N	06757163000949144	96700	
22HFH1	17	239.53	Y	N	06757163000949151	96800	
22HFH3	15	45.21	Y	N	06757163000949168	96800	
22HFH5	25	352.25	Y	N	06757163000949175	96900	
22HFJ1	7	20.79	Y	N	06757163000949182	96900	
22HFK3	30	422.70	Y	N	06757163000949199	96920	
22HFK5	17	52.14	Y	N	06757163000949205	96920	

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_____ 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.

Date: 10/28/2024 12:06:01 PM

Master Bill Of Lading

SHIP FROM

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

SHIP TO

Name: HUBGROUP FONTANA CROSSDOCK
DC#:
Div.
Address: 13204 Philadelphia Ave
City/State/Zip: FONTANA, CA 92337
SID#:
FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 5021363423

Master Bill of Lading Number: 06757163000949250

CARRIER NAME: HUB CITY GROUP

Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

Freight Charge Terms:

Prepaid: ☐ Collect: ☒ 3rd Party: ☐

☒ (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

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)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
22HFL2	8	112.72	Y	N	06757163000949212	96930	
22HFL4	17	52.47	Y	N	06757163000949229	96930	
22HFL9	12	169.08	Y	N	06757163000949236	96970	
22HFM4	13	41.25	Y	N	06757163000949243	96970	
Grand Total	598	4655.55					

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION (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)	LTL ONLY NMFC #	LTL ONLY CLASS
36	Pallet			1800.00		Pallet		70
		255	ctns	3592.95		Mattress Pads	149265	100
		343	ctns	1062.60		Sheet Set & Pillowcase	49260 Sub 3	250
36				6455.55		**Grand Total**		

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_____ per _____

COD Amount $ _____
Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐

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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.

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_____ 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: 10/28/2024

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

Contact: ALEX GONZALEZ

BILL OF LADING :5021363423

TRAILER # SEAL # 4436 9898 Trailer # 10

ORDER # : 1038319_ALC73631011S, 1038319_ALC73631950S, 1038319_AMS73631488S, 1038319_AMS73633306S, 1038319_BES73631031S, 1038319_BES73632419S, 1038319_BLA73603622S, 1038319_BLA73608693S, 1038319_BTH73632396S, 1038319_BTH73632703S, 1038319_FLT73631017S, 1038319_FLT73632399S, 1038319_IND73631030S, 1038319_IND73631507S, 1038319_JAC73632822S, 1038319_JAC73633293S, 1038319_JAN73631943S, 1038319_JAN73632821S, 1038319_LEB73631483S, 1038319_LEB73632416S, 1038319_LGV73631010S, 1038319_MAR73630104S, 1038319_MAR73631508S, 1038319_SAT73630550S, 1038319_SAT73632254S, 1038319_SBO73632858S, 1038319_SBO73633326S, 1038319_SCV73632395S, 1038319_ZAN73632403S, 1038319_ZAN73633302S

CR ALC73631011S
CR ALC73631950S
CR AMS73631488S
CR AMS73633306S
CR BES73631031S
CR BES73632419S
CR BLA73603622S
CR BLA73608693S
CR BTH73632396S
CR BTH73632703S
CR FLT73631017S
CR FLT73632399S
CR IND73631030S
CR IND73631507S
CR JAC73632822S
CR JAC73633293S
CR JAN73631943S
CR JAN73632821S
CR LEB73631483S
CR LEB73632416S
CR LGV73631010S
CR MAR73630104S
CR MAR73631508S
CR SAT73630550S
CR SAT73632254S
CR SBO73632858S
CR SBO73633326S
CR SCV73632395S
CR ZAN73632403S
CR ZAN73633302S
P8 22HF05-01
P8 22HF13-01
P8 22HF18-01
P8 22HF22-01
P8 22HF25-01
P8 22HF29-01
P8 22HF31-01
P8 22HF33-01
P8 22HF34-01
P8 22HF36-01
P8 22HF38-01
P8 22HF40-01
P8 22HF52-01
P8 22HF54-01
P8 22HF57-01
P8 22HFC6-01
P8 22HFF7-01
P8 22HFG2-01
P8 22HFG7-01
P8 22HFG9-01
P8 22HFH1-01
P8 22HFH3-01
P8 22HFH5-01
P8 22HFJ1-01
P8 22HFK3-01
P8 22HFK5-01
P8 22HFL2-01
P8 22HFL4-01
P8 22HFL9-01
P8 22HFM4-01
PO 22HF05-01
PO 22HF13-01
PO 22HF18-01
PO 22HF22-01
PO 22HF25-01
PO 22HF29-01
PO 22HF31-01

Time in 11:10 AM

Time out 12:10 pm

MASTER BILL OF LADING

PO 22HF33-01
PO 22HF34-01
PO 22HF36-01
PO 22HF38-01
PO 22HF40-01
PO 22HF52-01
PO 22HF54-01
PO 22HF57-01
PO 22HFC6-01
PO 22HFF7-01
PO 22HFG2-01
PO 22HFG7-01
PO 22HFG9-01
PO 22HFH1-01
PO 22HFH3-01
PO 22HFH5-01
PO 22HFJ1-01
PO 22HFK3-01
PO 22HFK5-01
PO 22HFL2-01
PO 22HFL4-01
PO 22HFL9-01
PO 22HFM4-01

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: 14084637001

14084637001

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__

SPECIAL INSTRUCTIONS AND SPECIAL SERVICES

CUSTOMS INSTRUCTION:

SPECIAL INSTRUCTION:
71824469,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2705,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824471,71824492,Number of miles: 2824,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824491,Number of miles: 2824,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824480,Number of miles: 2350,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824479,Number of miles: 2350,71824456,Number of miles: 1608,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824495,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1608,71824485, Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824484,Number of miles: 2725,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824464,Number of miles: 1885,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1885,71824465, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824460,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824462,Number of miles: 2144,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824488,Number of miles: 2531,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824489,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2531,71824490, Number of miles: 2036,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824486,Number of miles: 2036,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824482,Number of miles: 329,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824473,Number of miles: 329, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 1873,71824493,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824475,Number of miles: 2206,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2206,71824476,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824487,Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824483, Number of miles: 1761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824496,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824497,Number of miles: 2761,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2279,71824152, PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,71824472,Number of miles: 2430,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER,Number of miles: 2430,71824470,PALLETS NON-STACKABLE UNLESS ALLOWED BY SHIPPER | STOP#:1 CR - ALC73631011S;ALC73631950S; AMS73631488S;AMS73633306S;BES73631031S;BES73632419S;BLA73603622S;BLA73608693S;BTH73632396S;BTH73632703S;FLT73631017S; FLT73632399S;IND73631030S;IND73631507S;JAC73632822S;JAC73633293S;JAN73631943S;JAN73632821S;LEB73631483S;LEB73632416S;LGV73631010S; MAR73630104S;MAR73631508S;SAT73630550S;SAT73632254S;SBO73632858S;SBO73633326S;SCV73632395S;ZAN73632403S;ZAN73633302S,STOP#:1 PO - 22HF05-01;22HF13-01;22HF18-01;22HF22-01;22HF25-01;22HF29-01;22HF31-01;22HF33-01;22HF34-01;22HF36-01;22HF38-01;22HF40-01;22HF52-01; 22HF54-01;22HF57-01;22HFC6-01;22HFF7-01;22HFG2-01;22HFG7-01;22HFG9-01;22HFH1-01;22HFH3-01;22HFH5-01;22HFJ1-01;22HFK3-01;22HFK5-01; 22HFL2-01;22HFL4-01;22HFL9-01;22HFM4-01 | |

SPECIAL SERVICES:

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFH1-01	1	17	290	115	NMFC_CLASS	300.0	ALACHUA
22HFH3-01	1	15	95	115	NMFC_CLASS	500.0	ALACHUA
22HF38-01	1	24	126	115	NMFC_CLASS	400.0	AMSTERDAM
22HF36-01	1	10	191	115	NMFC_CLASS	400.0	AMSTERDAM

MASTER BILL OF LADING

22HFL4-01	1	17	103	115	NMFC_CLASS	500.0	BESSEMER
22HFL2-01	1	8	163	115	NMFC_CLASS	400.0	BESSEMER
22HFC6-01	1	18	107	115	NMFC_CLASS	500.0	BLAIR
22HF57-01	1	20	332	115	NMFC_CLASS	300.0	BLAIR
22HF18-01	1	74	287	115	NMFC_CLASS	300.0	BETHEL
22HF13-01	1	17	290	115	NMFC_CLASS	300.0	BETHEL
22HFG7-01	3	47	812	346	NMFC_CLASS	300.0	FULTON
22HFG9-01	1	18	104	115	NMFC_CLASS	500.0	FULTON
22HFG2-01	1	11	83	115	NMFC_CLASS	500.0	INDIANOLA
22HFF7-01	1	5	121	115	NMFC_CLASS	400.0	INDIANOLA
22HF34-01	1	18	104	115	NMFC_CLASS	500.0	JACKSON
22HF33-01	2	21	396	231	NMFC_CLASS	400.0	JACKSON
22HF31-01	1	17	103	115	NMFC_CLASS	500.0	JANESVILLE
22HF29-01	1	14	247	115	NMFC_CLASS	300.0	JANESVILLE
22HFM4-01	1	13	91	115	NMFC_CLASS	500.0	LEBEC
22HFL9-01	1	12	219	115	NMFC_CLASS	400.0	LEBEC
22HF40-01	1	24	126	115	NMFC_CLASS	400.0	LONGVIEW
22HFK5-01	1	17	102	115	NMFC_CLASS	500.0	MARION
22HFK3-01	2	30	523	231	NMFC_CLASS	300.0	MARION
22HF25-01	1	22	116	115	NMFC_CLASS	400.0	SAN ANTONIO
22HF22-01	2	21	396	231	NMFC_CLASS	400.0	SAN ANTONIO
22HF52-01	1	8	163	115	NMFC_CLASS	400.0	SOUTH BOSTON
22HF54-01	1	32	151	115	NMFC_CLASS	400.0	SOUTH BOSTON
22HF05-01	1	16	98	115	NMFC_CLASS	500.0	SCOTTSVILLE
22HFJ1-01	1	7	71	115	NMFC_CLASS	500.0	ZANESVILLE
22HFH5-01	2	25	452	231	NMFC_CLASS	400.0	ZANESVILLE
GRAND TOTAL	**36**	**598**	**6462.00**	**4145.00**			
PALLET TYPE							

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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. The shipper hereby certifies that he/she is familiar with all the termsand conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed toby 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.
10/28/24

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.
10/28/24

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_ALC73631011S PO: 22HFH1-01 CR: ALC73631011S 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: 14084637001
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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFH1-01	1	17	290	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_ALC73631950S PO: 22HFH3-01 CR: ALC73631950S 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: 14084637001
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__

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFH3-01	1	15	95	115	NMFC_CLASS	500.0	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_AMS73631488S

PO: 22HF38-01
CR: AMS73631488S
Customer Ship to Location: D6150

CONSIGNEE

Name: AMSTERDAM DISTRIBUTION CENTER

Address: 2041 STATE HIGHWAY 5S

City/State/Zip: AMSTERDAM NY 12010

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF38-01	1	24	126	115	NMFC_CLASS	400.0	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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

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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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_AMS73633306S PO: 22HF36-01 CR: AMS73633306S 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: 14084637001
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__

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF36-01	1	10	191	115	NMFC_CLASS	400.0	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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
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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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_BES73631031S

PO: 22HFL4-01
CR: BES73631031S
Customer Ship to Location: D6930

CONSIGNEE

Name: BESSEMER DISTRIBUTION CENTER

Address: 4101 LAKESHORE PKWY

City/State/Zip: BESSEMER AL 35022

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFL4-01	1	17	103	115	NMFC_CLASS	500.0	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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.

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Shipper Signature

SHIPPER SIGNATURE / DATE

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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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_BES73632419S

PO: 22HFL2-01
CR: BES73632419S
Customer Ship to Location: D6930

CONSIGNEE

Name: BESSEMER DISTRIBUTION CENTER

Address: 4101 LAKESHORE PKWY

City/State/Zip: BESSEMER AL 35022

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFL2-01	1	8	163	115	NMFC_CLASS	400.0	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: ☐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)

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Shipper Signature

SHIPPER SIGNATURE / DATE

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Trailer Loaded:
☐ By Shipper
☐By Driver

Freight Counted:
☐By Shipper
☐By Driver/pallets said to contain
☐By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_BLA73603622S PO: 22HFC6-01 CR: BLA73603622S Customer Ship to Location: D6540
CONSIGNEE	**CARRIER**
Name: BLAIR DISTRIBUTION CENTER Address: 1200 S 10TH ST City/State/Zip: BLAIR NE 68008	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14084637001
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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFC6-01	1	18	107	115	NMFC_CLASS	500.0	BLAIR
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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper and accepted for him/herself and his/her assigns.

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_____
Shipper Signature

SHIPPER SIGNATURE / DATE
This is to certifythat 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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_BLA73608693S PO: 22HF57-01 CR: BLA73608693S Customer Ship to Location: D6540
CONSIGNEE	**CARRIER**
Name: BLAIR DISTRIBUTION CENTER Address: 1200 S 10TH ST City/State/Zip: BLAIR NE 68008	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14084637001
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__

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF57-01	1	20	332	115	NMFC_CLASS	300.0	BLAIR
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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper and accepted for him/herself and his/her assigns.

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_____
Shipper Signature

SHIPPER SIGNATURE / DATE
This is to certifythat 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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_BTH73632396S

PO: 22HF18-01
CR: BTH73632396S
Customer Ship to Location: D6100

CONSIGNEE

Name: BETHEL DISTRIBUTION CENTER

Address: 30 MARTHA DR

City/State/Zip: BETHEL PA 19507

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF18-01	1	74	287	115	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_BTH73632703S PO: 22HF13-01 CR: BTH73632703S 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: 14084637001
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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF13-01	1	17	290	115	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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.

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Shipper Signature

SHIPPER SIGNATURE / DATE
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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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_FLT73631017S

PO: 22HFG7-01
CR: FLT73631017S
Customer Ship to Location: D6700

CONSIGNEE

Name: DOLLAR GENERAL - FULTON

Address: 1900 CARDINAL DR

City/State/Zip: FULTON MO 65251

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFG7-01	3	47	812	346	NMFC_CLASS	300.0	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_FLT73632399S PO: 22HFG9-01 CR: FLT73632399S 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: 14084637001
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__

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFG9-01	1	18	104	115	NMFC_CLASS	500.0	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_IND73631030S PO: 22HFG2-01 CR: IND73631030S 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: 14084637001
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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFG2-01	1	11	83	115	NMFC_CLASS	500.0	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_IND73631507S PO: 22HFF7-01 CR: IND73631507S 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: 14084637001
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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFF7-01	1	5	121	115	NMFC_CLASS	400.0	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_JAC73632822S PO: 22HF34-01 CR: JAC73632822S 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: 14084637001
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__

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF34-01	1	18	104	115	NMFC_CLASS	500.0	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_JAC73633293S

PO: 22HF33-01
CR: JAC73633293S
Customer Ship to Location: D6140

CONSIGNEE

Name: JACKSON DISTRIBUTION CENTER

Address: 200 JACKSON RD

City/State/Zip: JACKSON GA 30233

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF33-01	2	21	396	231	NMFC_CLASS	400.0	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_JAN73631943S

PO: 22HF31-01
CR: JAN73631943S
Customer Ship to Location: D6130

CONSIGNEE

Name: JANESVILLE DISTRIBUTION CENTER

Address: 101 INNOVATION DR

City/State/Zip: JANESVILLE WI 53546

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF31-01	1	17	103	115	NMFC_CLASS	500.0	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_JAN73632821S

PO: 22HF29-01
CR: JAN73632821S
Customer Ship to Location: D6130

CONSIGNEE

Name: JANESVILLE DISTRIBUTION CENTER

Address: 101 INNOVATION DR

City/State/Zip: JANESVILLE WI 53546

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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__

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF29-01	1	14	247	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_LEB73631483S PO: 22HFM4-01 CR: LEB73631483S Customer Ship to Location: D6970
CONSIGNEE	**CARRIER**
Name: LEBEC DISTRIBUTION CENTER Address: 4193 INDUSTRIAL PARKWAY DR City/State/Zip: LEBEC CA 93243	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14084637001
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__

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFM4-01	1	13	91	115	NMFC_CLASS	500.0	LEBEC
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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_LEB73632416S

PO: 22HFL9-01
CR: LEB73632416S
Customer Ship to Location: D6970

CONSIGNEE

Name: LEBEC DISTRIBUTION CENTER

Address: 4193 INDUSTRIAL PARKWAY DR

City/State/Zip: LEBEC CA 93243

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFL9-01	1	12	219	115	NMFC_CLASS	400.0	LEBEC
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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_LGV73631010S

PO: 22HF40-01
CR: LGV73631010S
Customer Ship to Location: D6160

CONSIGNEE

Name: LONGVIEW DISTRIBUTION CENTER

Address: 3300 GEORGE RICHEY RD

City/State/Zip: LONGVIEW TX 75605

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF40-01	1	24	126	115	NMFC_CLASS	400.0	LONGVIEW

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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_MAR73630104S PO: 22HFK5-01 CR: MAR73630104S Customer Ship to Location: D6920
CONSIGNEE	**CARRIER**
Name: DOLLAR GENERAL - MARION Address: 5575 DOLLAR GENERAL WAY City/State/Zip: MARION IN 46952	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14084637001
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__

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFK5-01	1	17	102	115	NMFC_CLASS	500.0	MARION
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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_MAR73631508S PO: 22HFK3-01 CR: MAR73631508S Customer Ship to Location: D6920
CONSIGNEE	**CARRIER**
Name: DOLLAR GENERAL - MARION Address: 5575 DOLLAR GENERAL WAY City/State/Zip: MARION IN 46952	CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14084637001
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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFK3-01	2	30	523	231	NMFC_CLASS	300.0	MARION
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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_SAT73630550S

PO: 22HF25-01
CR: SAT73630550S
Customer Ship to Location: D6120

CONSIGNEE

Name: SAN ANTONIO DISTRIBUTION CENTE

Address: 6601 CAL TURNER DR

City/State/Zip: SAN ANTONIO TX 78220

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF25-01	1	22	116	115	NMFC_CLASS	400.0	SAN ANTONIO

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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_SAT73632254S PO: 22HF22-01 CR: SAT73632254S 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: 14084637001
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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF22-01	2	21	396	231	NMFC_CLASS	400.0	SAN ANTONIO
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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_SBO73632858S

PO: 22HF52-01
CR: SBO73632858S
Customer Ship to Location: D6500

CONSIGNEE

Name: SOUTH BOSTON DISTRIBUTION CENT

Address: 3207 PHILPOTT RD

City/State/Zip: SOUTH BOSTON VA 24592

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF52-01	1	8	163	115	NMFC_CLASS	400.0	SOUTH BOSTON

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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_SBO73633326S

PO: 22HF54-01
CR: SBO73633326S
Customer Ship to Location: D6500

CONSIGNEE

Name: SOUTH BOSTON DISTRIBUTION CENT

Address: 3207 PHILPOTT RD

City/State/Zip: SOUTH BOSTON VA 24592

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF54-01	1	32	151	115	NMFC_CLASS	400.0	SOUTH BOSTON

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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_SCV73632395S

PO: 22HF05-01
CR: SCV73632395S
Customer Ship to Location: D6000

CONSIGNEE

Name: SCOTTSVILLE DISTRIBUTION CENTE

Address: 427 BEECH ST

City/State/Zip: SCOTTSVILLE KY 42164

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HF05-01	1	16	98	115	NMFC_CLASS	500.0	SCOTTSVILLE
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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER

Name: E E CO LTD

Address: 221 HANSON WAY

City/State/Zip: WOODLAND, CA 95776

BILL OF LADING :5021363423

ORDER # : 1038319_ZAN73632403S

PO: 22HFJ1-01
CR: ZAN73632403S
Customer Ship to Location: D6900

CONSIGNEE

Name: ZANESVILLE DISTRIBUTION CENTER

Address: 2505 E POINTE DR

City/State/Zip: ZANESVILLE OH 43701

CARRIER

CARRIER NAME:HUB HIGHWAY SERVICES
SCAC:HHWY
PRO NUMBER: 14084637001

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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFJ1-01	1	7	71	115	NMFC_CLASS	500.0	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

MASTER BILL OF LADING

SHIPPER	BILL OF LADING :5021363423
Name: E E CO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776	ORDER # : 1038319_ZAN73633302S PO: 22HFH5-01 CR: ZAN73633302S 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: 14084637001
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___

CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
22HFH5-01	2	25	452	231	NMFC_CLASS	400.0	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: ☐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 inwriting between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available totheshipper, on request. The shipper hereby certifiesthat 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 tobytheshipper 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 certifythat 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

Date: 10/28/2024 12:05:43 PM

Bill Of Lading

SHIP FROM

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

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 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423

Packing List is Attached

Bill of Lading Number: 06757163000948994

(402)06757163000948994

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF25	22	66.33	Y	N	
Grand Total	22	66.33			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		22	ctns	66.33		Sheet Set & Pillowcase	49260 Sub 3	250
1		22		116.33		**Grand Total**		

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.: 71824487 **Order Date:** 10/15/2024 **Customer:** DOLGEN - SAN ANTONIO DC **Customer PO No.:** 22HF25

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 - SAN ANTONIO DC
6601 CAL TURNER DRIVE
SAN ANTONIO, TX 78220
US

Shipping Date:
10/28/2024

Shipment No.:
300094899

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	36	3	36	3
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	228	19	228	19

Total Weight:	**66.33**
Total Quantity Ordered:	**264**
Total Cartons Ordered:	**22**
Total Quantity Shipped:	**264**
Total Cartons Shipped:	**22**

Date: 10/28/2024 12:05:43 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - BLAIR DRY DC Location #: 96540
Address: 1200 South 10th Street
96540
City/State/Zip: Blair, NE 68008
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949090

(402)06757163000949090

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF57	20	281.80	Y	N	
Grand Total	20	281.80			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		20	ctns	281.80		Mattress Pads	149265	100
1		20		331.80		**Grand Total**		

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.: 71824495 **Order Date:** 10/15/2024 **Customer:** DOLGEN - BLAIR DRY DC **Customer PO No.:** 22HF57

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 - BLAIR DRY DC
1200 SOUTH 10TH STREET
BLAIR, NE 68008
US

Shipping Date:
10/28/2024

Shipment No.:
300094909

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	160	20	160	20

Total Weight:	**281.8**
Total Quantity Ordered:	**160**
Total Cartons Ordered:	**20**
Total Quantity Shipped:	**160**
Total Cartons Shipped:	**20**

Date: 10/28/2024 12:05:55 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN- INDIANOLA DC Location #: 96600
Address: 914 Hwy 82 W
96600
City/State/Zip: Indianola, MS 38751
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949120

(402)06757163000949120

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFG2	11	32.67	Y	N	
Grand Total	11	32.67			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	32.67		Sheet Set & Pillowcase	49260 Sub 3	250
1		11		82.67		**Grand Total**		

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.: 71824460 **Order Date:** 10/15/2024 **Customer:** DOLGEN- INDIANOLA DC **Customer PO No.:** 22HFG2

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- INDIANOLA DC
914 HWY 82 W
INDIANOLA, MS 38751
US

Shipping Date:
10/28/2024

Shipment No.:
300094912

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	132	11	132	11

Total Weight:	**32.67**
Total Quantity Ordered:	**132**
Total Cartons Ordered:	**11**
Total Quantity Shipped:	**132**
Total Cartons Shipped:	**11**

Date: 10/28/2024 12:05:56 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - LONGVIEW DC Location #: 96160
Address: 3300 E. George Richey Road
96160
City/State/Zip: Longview, TX 75605
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949069

(402)06757163000949069

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF40	24	73.26	Y	N	
Grand Total	24	73.26			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		24	ctns	73.26		Sheet Set & Pillowcase	49260 Sub 3	250
1		24		123.26		**Grand Total**		

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.: 71824493 **Order Date:** 10/15/2024 **Customer:** DOLGEN - LONGVIEW DC **Customer PO No.:** 22HF40

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:
10/28/2024

Shipment No.:
300094906

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	72	6	72	6
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	216	18	216	18

Total Weight:	**73.26**
Total Quantity Ordered:	**288**
Total Cartons Ordered:	**24**
Total Quantity Shipped:	**288**
Total Cartons Shipped:	**24**

Date: 10/28/2024 12:05:57 PM

Bill Of Lading

SHIP FROM

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

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: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949175

(402)06757163000949175

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFH5	25	352.25	Y	N	
Grand Total	25	352.25			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		25	ctns	352.25		Mattress Pads	149265	100
2		25		452.25		**Grand Total**		

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.: 71824470 **Order Date:** 10/15/2024 **Customer:** DOLGEN - ZANESVILLE DC **Customer PO No.:** 22HFH5

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 - ZANESVILLE DC
2505 EAST POINTE DRIVE
ZANESVILLE, OH 43701-7761
US

Shipping Date:
10/28/2024

Shipment No.:
300094917

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	200	25	200	25

Total Weight:	**352.25**
Total Quantity Ordered:	**200**
Total Cartons Ordered:	**25**
Total Quantity Shipped:	**200**
Total Cartons Shipped:	**25**

Date: 10/28/2024 12:05:57 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

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

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949236

(402)06757163000949236

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFL9	12	169.08	Y	N	
Grand Total	12	169.08			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		12	ctns	169.08		Mattress Pads	149265	100
1		12		219.08		**Grand Total**		

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.: 71824473 **Order Date:** 10/15/2024 **Customer:** DOLGEN- CALIFORNIA DC **Customer PO No.:** 22HFL9

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:
10/28/2024

Shipment No.:
300094923

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	96	12	96	12

Total Weight:	**169.08**
Total Quantity Ordered:	**96**
Total Cartons Ordered:	**12**
Total Quantity Shipped:	**96**
Total Cartons Shipped:	**12**

Date: 10/28/2024 12:05:58 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - BESSEMER DC Location #: 96930
Address: 4101 Lakeshore Pkwy
96930
City/State/Zip: Bessemer, AL 35022
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949229

(402)06757163000949229

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFL4	17	52.47	Y	N	
Grand Total	17	52.47			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	52.47		Sheet Set & Pillowcase	49260 Sub 3	250
1		17		102.47		**Grand Total**		

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.: 71824480 **Order Date:** 10/15/2024 **Customer:** DOLGEN - BESSEMER DC **Customer PO No.:** 22HFL4

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 - BESSEMER DC
4101 LAKESHORE PKWY
BESSEMER, AL 35022
US

Shipping Date:
10/28/2024

Shipment No.:
300094922

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	72	6	72	6
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	132	11	132	11

Total Weight:	**52.47**
Total Quantity Ordered:	**204**
Total Cartons Ordered:	**17**
Total Quantity Shipped:	**204**
Total Cartons Shipped:	**17**

Date: 10/28/2024 12:05:58 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - FULTON DC Location #: 96700
Address: 1900 Cardinal Drive
Callaway, 96700
City/State/Zip: Fulton, MO 65251-7250
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949137

(402)06757163000949137

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFG7	47	662.23	Y	N	
Grand Total	47	662.23			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		47	ctns	662.23		Mattress Pads	149265	100
3		47		812.23		**Grand Total**		

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.: 71824464 **Order Date:** 10/15/2024 **Customer:** DOLGEN - FULTON DC **Customer PO No.:** 22HFG7

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 - FULTON DC
1900 CARDINAL DRIVE
CALLAWAY
FULTON, MO 65251-7250
US

Shipping Date:
10/28/2024

Shipment No.:
300094913

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	376	47	376	47

Total Weight:	**662.23**
Total Quantity Ordered:	**376**
Total Cartons Ordered:	**47**
Total Quantity Shipped:	**376**
Total Cartons Shipped:	**47**

Date: 10/28/2024 12:05:59 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - SOUTH BOSTON DC Location #: 96500
Address: 3207 Philpott Road
US Hwy 58/360, 96500
City/State/Zip: South Boston, VA 24592-6607
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949076

(402)06757163000949076

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF52	8	112.72	Y	N	
Grand Total	8	112.72			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	112.72		Mattress Pads	149265	100
1		8		162.72		**Grand Total**		

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.: 71824496 **Order Date:** 10/15/2024 **Customer:** DOLGEN - SOUTH BOSTON DC **Customer PO No.:** 22HF52

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 - SOUTH BOSTON DC
3207 PHILPOTT ROAD
US HWY 58/360
SOUTH BOSTON, VA 24592-6607
US

Shipping Date:
10/28/2024

Shipment No.:
300094907

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	64	8	64	8

Total Weight:	**112.72**
Total Quantity Ordered:	**64**
Total Cartons Ordered:	**8**
Total Quantity Shipped:	**64**
Total Cartons Shipped:	**8**

Date: 10/28/2024 12:06:00 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - SOUTH BOSTON DC Location #: 96500
Address: 3207 Philpott Road
US Hwy 58/360, 96500
City/State/Zip: South Boston, VA 24592-6607
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949083

(402)06757163000949083

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF54	32	100.98	Y	N	
Grand Total	32	100.98			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		32	ctns	100.98		Sheet Set & Pillowcase	49260 Sub 3	250
1		32		150.98		**Grand Total**		

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.: 71824497 **Order Date:** 10/15/2024 **Customer:** DOLGEN - SOUTH BOSTON DC **Customer PO No.:** 22HF54

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 - SOUTH BOSTON DC
3207 PHILPOTT ROAD
US HWY 58/360
SOUTH BOSTON, VA 24592-6607
US

Shipping Date:
10/28/2024

Shipment No.:
300094908

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	216	18	216	18
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	168	14	168	14

Total Weight:	**100.98**
Total Quantity Ordered:	**384**
Total Cartons Ordered:	**32**
Total Quantity Shipped:	**384**
Total Cartons Shipped:	**32**

Date: 10/28/2024 12:06:00 PM

Bill Of Lading

SHIP FROM

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

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: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949182

(402)06757163000949182

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFJ1	7	20.79	Y	N	
Grand Total	7	20.79			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	20.79		Sheet Set & Pillowcase	49260 Sub 3	250
1		7		70.79		**Grand Total**		

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.: 71824472 **Order Date:** 10/15/2024 **Customer:** DOLGEN - ZANESVILLE DC **Customer PO No.:** 22HFJ1

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 - ZANESVILLE DC
2505 EAST POINTE DRIVE
ZANESVILLE, OH 43701-7761
US

Shipping Date:
10/28/2024

Shipment No.:
300094918

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	84	7	84	7

Total Weight:	**20.79**
Total Quantity Ordered:	**84**
Total Cartons Ordered:	**7**
Total Quantity Shipped:	**84**
Total Cartons Shipped:	**7**

Date: 10/28/2024 12:05:44 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN- JANESVILLE DC Location #: 96130
Address: 101 Innovation Drive
96130
City/State/Zip: Janesville, WI 53546
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949014

(402)06757163000949014

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF31	17	53.13	Y	N	
Grand Total	17	53.13			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	53.13		Sheet Set & Pillowcase	49260 Sub 3	250
1		17		103.13		**Grand Total**		

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.: 71824490 **Order Date:** 10/15/2024 **Customer:** DOLGEN- JANESVILLE DC **Customer PO No.:** 22HF31

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- JANESVILLE DC
101 INNOVATION DRIVE
JANESVILLE, WI 53546
US

Shipping Date:
10/28/2024

Shipment No.:
300094901

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	96	8	96	8
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	108	9	108	9

Total Weight:	**53.13**
Total Quantity Ordered:	**204**
Total Cartons Ordered:	**17**
Total Quantity Shipped:	**204**
Total Cartons Shipped:	**17**

Date: 10/28/2024 12:05:45 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN- INDIANOLA DC Location #: 96600
Address: 914 Hwy 82 W
96600
City/State/Zip: Indianola, MS 38751
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949113

(402)06757163000949113

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFF7	5	70.45	Y	N	
Grand Total	5	70.45			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	70.45		Mattress Pads	149265	100
1		5		120.45		**Grand Total**		

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.: 71824462 **Order Date:** 10/15/2024 **Customer:** DOLGEN- INDIANOLA DC **Customer PO No.:** 22HFF7

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- INDIANOLA DC
914 HWY 82 W
INDIANOLA, MS 38751
US

Shipping Date:
10/28/2024

Shipment No.:
300094911

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	40	5	40	5

Total Weight:	**70.45**
Total Quantity Ordered:	**40**
Total Cartons Ordered:	**5**
Total Quantity Shipped:	**40**
Total Cartons Shipped:	**5**

Date: 10/28/2024 12:05:45 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - AMSTERDAM DC Location #: 96150
Address: 2041 State Highway 5 South
96150
City/State/Zip: Amsterdam, NY 12010
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949052

(402)06757163000949052

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF38	24	76.23	Y	N	
Grand Total	24	76.23			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		24	ctns	76.23		Sheet Set & Pillowcase	49260 Sub 3	250
1		24		126.23		**Grand Total**		

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.: 71824492 **Order Date:** 10/15/2024 **Customer:** DOLGEN - AMSTERDAM DC **Customer PO No.:** 22HF38

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 - AMSTERDAM DC
2041 STATE HIGHWAY 5 SOUTH
AMSTERDAM, NY 12010
US

Shipping Date:
10/28/2024

Shipment No.:
300094905

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	180	15	180	15
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	108	9	108	9

Total Weight:	**76.23**
Total Quantity Ordered:	**288**
Total Cartons Ordered:	**24**
Total Quantity Shipped:	**288**
Total Cartons Shipped:	**24**

Date: 10/28/2024 12:05:46 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - BLAIR DRY DC Location #: 96540
Address: 1200 South 10th Street
96540
City/State/Zip: Blair, NE 68008
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949106

(402)06757163000949106

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFC6	18	57.09	Y	N	
Grand Total	18	57.09			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		18	ctns	57.09		Sheet Set & Pillowcase	49260 Sub 3	250
1		18		107.09		**Grand Total**		

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.: 71824456 **Order Date:** 10/15/2024 **Customer:** DOLGEN - BLAIR DRY DC **Customer PO No.:** 22HFC6

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 - BLAIR DRY DC
1200 SOUTH 10TH STREET
BLAIR, NE 68008
US

Shipping Date:
10/28/2024

Shipment No.:
300094910

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	132	11	132	11
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	84	7	84	7

Total Weight:	**57.09**
Total Quantity Ordered:	**216**
Total Cartons Ordered:	**18**
Total Quantity Shipped:	**216**
Total Cartons Shipped:	**18**

Date: 10/28/2024 12:05:47 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - FULTON DC Location #: 96700
Address: 1900 Cardinal Drive
Callaway, 96700
City/State/Zip: Fulton, MO 65251-7250
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949144

(402)06757163000949144

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFG9	18	53.46	Y	N	
Grand Total	18	53.46			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		18	ctns	53.46		Sheet Set & Pillowcase	49260 Sub 3	250
1		18		103.46		**Grand Total**		

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.: 71824465 **Order Date:** 10/15/2024 **Customer:** DOLGEN - FULTON DC **Customer PO No.:** 22HFG9

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 - FULTON DC
1900 CARDINAL DRIVE
CALLAWAY
FULTON, MO 65251-7250
US

Shipping Date:
10/28/2024

Shipment No.:
300094914

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	216	18	216	18

Total Weight:	**53.46**
Total Quantity Ordered:	**216**
Total Cartons Ordered:	**18**
Total Quantity Shipped:	**216**
Total Cartons Shipped:	**18**

Date: 10/28/2024 12:05:47 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - BETHEL DC Location #: 96100
Address: 30 Martha Dr
96100
City/State/Zip: Bethel, PA 19507
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000948963

(402)06757163000948963

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF13	17	239.53	Y	N	
Grand Total	17	239.53			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	239.53		Mattress Pads	149265	100
1		17		289.53		**Grand Total**		

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.: 71824484 **Order Date:** 10/15/2024 **Customer:** DOLGEN - BETHEL DC **Customer PO No.:** 22HF13

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 - BETHEL DC
30 MARTHA DR
BETHEL, PA 19507
US

Shipping Date:
10/28/2024

Shipment No.:
300094896

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	136	17	136	17

Total Weight:	**239.53**
Total Quantity Ordered:	**136**
Total Cartons Ordered:	**17**
Total Quantity Shipped:	**136**
Total Cartons Shipped:	**17**

Date: 10/28/2024 12:05:48 PM

Bill Of Lading

SHIP FROM

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

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 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000948987

(402)06757163000948987

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF22	21	295.89	Y	N	
Grand Total	21	295.89			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		21	ctns	295.89		Mattress Pads	149265	100
2		21		395.89		**Grand Total**		

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.: 71824483 **Order Date:** 10/15/2024 **Customer:** DOLGEN - SAN ANTONIO DC **Customer PO No.:** 22HF22

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 - SAN ANTONIO DC
6601 CAL TURNER DRIVE
SAN ANTONIO, TX 78220
US

Shipping Date:
10/28/2024

Shipment No.:
300094898

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	168	21	168	21

Total Weight:	**295.89**
Total Quantity Ordered:	**168**
Total Cartons Ordered:	**21**
Total Quantity Shipped:	**168**
Total Cartons Shipped:	**21**

Date: 10/28/2024 12:05:48 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

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

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949243

(402)06757163000949243

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFM4	13	41.25	Y	N	
Grand Total	13	41.25			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		13	ctns	41.25		Sheet Set & Pillowcase	49260 Sub 3	250
1		13		91.25		**Grand Total**		

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.: 71824482 **Order Date:** 10/15/2024 **Customer:** DOLGEN- CALIFORNIA DC **Customer PO No.:** 22HFM4

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:
10/28/2024

Shipment No.:
300094924

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	96	8	96	8
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	60	5	60	5

Total Weight:	**41.25**
Total Quantity Ordered:	**156**
Total Cartons Ordered:	**13**
Total Quantity Shipped:	**156**
Total Cartons Shipped:	**13**

Date: 10/28/2024 12:05:49 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN- JACKSON DC Location #: 96140
Address: 200 Jackson Road
96140
City/State/Zip: Jackson, GA 30233
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949038

(402)06757163000949038

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF34	18	53.46	Y	N	
Grand Total	18	53.46			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		18	ctns	53.46		Sheet Set & Pillowcase	49260 Sub 3	250
1		18		103.46		**Grand Total**		

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.: 71824488 **Order Date:** 10/15/2024 **Customer:** DOLGEN- JACKSON DC **Customer PO No.:** 22HF34

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- JACKSON DC
200 JACKSON ROAD
JACKSON, GA 30233
US

Shipping Date:
10/28/2024

Shipment No.:
300094903

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	216	18	216	18

Total Weight:	**53.46**
Total Quantity Ordered:	**216**
Total Cartons Ordered:	**18**
Total Quantity Shipped:	**216**
Total Cartons Shipped:	**18**

Date: 10/28/2024 12:05:50 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN- JACKSON DC Location #: 96140
Address: 200 Jackson Road
96140
City/State/Zip: Jackson, GA 30233
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949021

(402)06757163000949021

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF33	21	295.89	Y	N	
Grand Total	21	295.89			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		21	ctns	295.89		Mattress Pads	149265	100
2		21		395.89		**Grand Total**		

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.: 71824489 **Order Date:** 10/15/2024 **Customer:** DOLGEN- JACKSON DC **Customer PO No.:** 22HF33

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- JACKSON DC
200 JACKSON ROAD
JACKSON, GA 30233
US

Shipping Date:
10/28/2024

Shipment No.:
300094902

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	168	21	168	21

Total Weight:	**295.89**
Total Quantity Ordered:	**168**
Total Cartons Ordered:	**21**
Total Quantity Shipped:	**168**
Total Cartons Shipped:	**21**

Date: 10/28/2024 12:05:50 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - AMSTERDAM DC Location #: 96150
Address: 2041 State Highway 5 South
96150
City/State/Zip: Amsterdam, NY 12010
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949045

(402)06757163000949045

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF36	10	140.90	Y	N	
Grand Total	10	140.90			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	140.90		Mattress Pads	149265	100
1		10		190.90		**Grand Total**		

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.: 71824491 **Order Date:** 10/15/2024 **Customer:** DOLGEN - AMSTERDAM DC **Customer PO No.:** 22HF36

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 - AMSTERDAM DC
2041 STATE HIGHWAY 5 SOUTH
AMSTERDAM, NY 12010
US

Shipping Date:
10/28/2024

Shipment No.:
300094904

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	80	10	80	10

Total Weight:	**140.9**
Total Quantity Ordered:	**80**
Total Cartons Ordered:	**10**
Total Quantity Shipped:	**80**
Total Cartons Shipped:	**10**

Date: 10/28/2024 12:05:51 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - SCOTTSVILLE DC Location #: 96000
Address: 427 Beech Street
96000
City/State/Zip: Scottsville, KY 42164-1698
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000948956

(402)06757163000948956

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF05	16	47.52	Y	N	
Grand Total	16	47.52			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	47.52		Sheet Set & Pillowcase	49260 Sub 3	250
1		16		97.52		**Grand Total**		

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.: 71824152 **Order Date:** 10/15/2024 **Customer:** DOLGEN - SCOTTSVILLE DC **Customer PO No.:** 22HF05

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 - SCOTTSVILLE DC
427 BEECH STREET
SCOTTSVILLE, KY 42164-1698
US

Shipping Date:
10/28/2024

Shipment No.:
300094895

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	192	16	192	16

Total Weight:	**47.52**
Total Quantity Ordered:	**192**
Total Cartons Ordered:	**16**
Total Quantity Shipped:	**192**
Total Cartons Shipped:	**16**

Date: 10/28/2024 12:05:51 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - BETHEL DC Location #: 96100
Address: 30 Martha Dr
96100
City/State/Zip: Bethel, PA 19507
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000948970

(402)06757163000948970

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HF18	74	236.61	Y	N	
Grand Total	74	236.61			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		74	ctns	236.61		Sheet Set & Pillowcase	49260 Sub 3	250
1		74		286.61		**Grand Total**		

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.: 71824485 **Order Date:** 10/15/2024 **Customer:** DOLGEN - BETHEL DC **Customer PO No.:** 22HF18

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 - BETHEL DC
30 MARTHA DR
BETHEL, PA 19507
US

Shipping Date:
10/28/2024

Shipment No.:
300094897

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	612	51	612	51
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	276	23	276	23

Total Weight:	**236.61**
Total Quantity Ordered:	**888**
Total Cartons Ordered:	**74**
Total Quantity Shipped:	**888**
Total Cartons Shipped:	**74**

Date: 10/28/2024 12:05:52 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - ALACHUA DC Location #: 96800
Address: 12000 Nw 173 Street
96800
City/State/Zip: Alachua, FL 32615-8141
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949168

(402)06757163000949168

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFH3	15	45.21	Y	N	
Grand Total	15	45.21			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	45.21		Sheet Set & Pillowcase	49260 Sub 3	250
1		15		95.21		**Grand Total**		

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.: 71824471 **Order Date:** 10/15/2024 **Customer:** DOLGEN - ALACHUA DC **Customer PO No.:** 22HFH3

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 - ALACHUA DC
12000 NW 173 STREET
ALACHUA, FL 32615-8141
US

Shipping Date:
10/28/2024

Shipment No.:
300094916

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	24	2	24	2
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	156	13	156	13

Total Weight:	**45.21**
Total Quantity Ordered:	**180**
Total Cartons Ordered:	**15**
Total Quantity Shipped:	**180**
Total Cartons Shipped:	**15**

Date: 10/28/2024 12:05:53 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: DOLGEN - ALACHUA DC Location #: 96800
Address: 12000 Nw 173 Street
96800
City/State/Zip: Alachua, FL 32615-8141
CID#:
Dept: 00 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949151

(402)06757163000949151

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFH1	17	239.53	Y	N	
Grand Total	17	239.53			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	239.53		Mattress Pads	149265	100
1		17		289.53		**Grand Total**		

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.: 71824469 **Order Date:** 10/15/2024 **Customer:** DOLGEN - ALACHUA DC **Customer PO No.:** 22HFH1

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 - ALACHUA DC
12000 NW 173 STREET
ALACHUA, FL 32615-8141
US

Shipping Date:
10/28/2024

Shipment No.:
300094915

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	136	17	136	17

Total Weight:	**239.53**
Total Quantity Ordered:	**136**
Total Cartons Ordered:	**17**
Total Quantity Shipped:	**136**
Total Cartons Shipped:	**17**

Date: 10/28/2024 12:05:53 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

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

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949199

(402)06757163000949199

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFK3	30	422.70	Y	N	
Grand Total	30	422.70			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		30	ctns	422.70		Mattress Pads	149265	100
2		30		522.70		**Grand Total**		

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.: 71824476 **Order Date:** 10/15/2024 **Customer:** DOLGEN - MARION DC **Customer PO No.:** 22HFK3

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 - MARION DC
5575 EAST DOLLAR GENERAL
MARION, IN 46952
US

Shipping Date:
10/28/2024

Shipment No.:
300094919

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	240	30	240	30

Total Weight:	**422.7**
Total Quantity Ordered:	**240**
Total Cartons Ordered:	**30**
Total Quantity Shipped:	**240**
Total Cartons Shipped:	**30**

Date: 10/28/2024 12:05:54 PM

Bill Of Lading

SHIP FROM

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

SHIP TO

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

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 5021363423
Packing List is Attached

Bill of Lading Number: 06757163000949205

(402)06757163000949205

CARRIER NAME: HUB CITY GROUP
Responsible Acct.No:
Trailer number: 10
Seal number(s): 44369899

SCAC: HGLS
Pro Number:

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

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

☐ (check box) 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
22HFK5	17	52.14	Y	N	
Grand Total	17	52.14			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	52.14		Sheet Set & Pillowcase	49260 Sub 3	250
1		17		102.14		**Grand Total**		

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.

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_____ **Shipper Signature**

SHIPPER SIGNATURE / DATE
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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.: 71824475 **Order Date:** 10/15/2024 **Customer:** DOLGEN - MARION DC **Customer PO No.:** 22HFK5

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 - MARION DC
5575 EAST DOLLAR GENERAL
MARION, IN 46952
US

Shipping Date:
10/28/2024

Shipment No.:
300094920

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	60	5	60	5
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	144	12	144	12

Total Weight:	**52.14**
Total Quantity Ordered:	**204**
Total Cartons Ordered:	**17**
Total Quantity Shipped:	**204**
Total Cartons Shipped:	**17**