


SHIP FROM		Master Bill of Lading Number: 06757163000936588	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Central Transport	
Name:	DOLGEN - DRY DC and Milk	DC#:	96590
		Div.	
Address:	6600 N Gun Club Road 96590	Trailer number:	2500442
		Seal number(s):	
City/State/Zip:	Aurora, CO 80019	SCAC:	CTII
SID#:		Pro Number:	777-9360452-9
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:	www.centraltransport.com Driver's Signature Only Acknowledges Receipt of Freight 777-9360452-9	Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS: Load #: AUR73403148S		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	DC#	Supplier#
2224T5	18	253.62	Y	N	06757163000936564	96590	
2224T6	41	129.03	Y	N	06757163000936571	96590	
Grand Total	59	382.65					

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
2	Pallet			100.00		Pallet			70
		41	ctns	129.03		Sheet Set & Pillowcase	49260 Sub 3		250
		18	ctns	253.62		Mattress Pads	149265		100
2				482.65		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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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.  9/26/24	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  9/26/24 SC
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Date: 9/26/2024 8:21:38 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000936564	
Name: E & E COMPANY LTD		 (402)06757163000936564	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Central Transport	
		Responsible Acct.No:	
SHIP TO		Trailer number: 2500442	
Name: DOLGEN - DRY DC and Milk Location #: 96590		Seal number(s):	
Address: 6600 N Gun Club Road		SCAC: CTII	
96590		Pro Number: 777-9360452-9	
City/State/Zip: Aurora, CO 80019			
CID#:			
Dept: 00		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: AUR73403148S		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
2224T5	18	253.62	Y N		
Grand Total	18	253.62			

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		18	ctns	253.62		Mattress Pads	149265	100		
1		18		303.62		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>

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

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

Date: 9/26/2024 8:21:38 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	DOLGEN - DRY DC and Milk Location #: 96590
Address:	221 Hanson Way	Address:	6600 N Gun Club Road
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Aurora, CO 80019
SID#:		CID#:	
PHONE:		Dept:	00
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000936571		Trailer number: 2500442	
		Seal number(s):	
(402)06757163000936571		SCAC: CTII	
CARRIER NAME: Central Transport		Pro Number: 777-9360452-9	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Trailer number: 2500442		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Seal number(s):		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SCAC: CTII		Appointment Time	
Pro Number: 777-9360452-9		Actual Driver Arrival Time	
		Driver Departure Time	
		AM AM AM	
		PM PM PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: AUR73403148S			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
2224T6	41	129.03	Y	N	
Grand Total	41	129.03			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		41	ctns	129.03		Sheet Set & Pillowcase	49260 Sub 3	250
1		41		179.03		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.: 71567938 Order Date: 09/17/2024 Customer: DOLGEN - DRY DC AND MILK Customer PO No.: 2224T6

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 - DRY DC AND MILK 6600 N GUN CLUB ROAD AURORA, CO 80019 US	Shipping Date: 09/27/2024 Shipment No.: 300093657
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714102	DG21-330	022164388282	Std Microfiber Pillowcase	EA	12	264	22	264	22
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	228	19	228	19

Total Weight:	129.03
Total Quantity Ordered:	492
Total Cartons Ordered:	41
Total Quantity Shipped:	492
Total Cartons Shipped:	41

Order No.: 71567937 Order Date: 09/17/2024 Customer: DOLGEN - DRY DC AND MILK Customer PO No.: 2224T5

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 - DRY DC AND MILK 6600 N GUN CLUB ROAD AURORA, CO 80019 US	Shipping Date: 09/27/2024 Shipment No.: 300093656
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
10739005	DG16-038	675716390419	Q Polypropylene Mattress Pad	EA	8	144	18	144	18

Total Weight:	253.62
Total Quantity Ordered:	144
Total Cartons Ordered:	18
Total Quantity Shipped:	144
Total Cartons Shipped:	18