

SHIP FROM		Master Bill of Lading Number: 06757168001339086	
Name:	E & E COMPANY LTD		
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Consolidation Dock 7101	DC#:	7101
		Div.:	
Address:	1200 Mason Dixon Ln 7101	Trailer number:	201507
		Seal number(s):	63488897
City/State/Zip:	Conley, GA 30288	SCAC:	WALM
SID#:		Pro Number:	00000
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 83279702		0900 AM PM	0914 AM PM
			Driver Departure Time 1102 AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
5382042943	23	200.27	Y	N	06757168001335033	7033A
1380547538	6	38.94	Y	N	06757168001334791	6069A
3430827219	6	38.94	Y	N	06757168001334913	7039A
1332650017	16	103.84	Y	N	06757168001334784	6031A
5380897346	8	51.92	Y	N	06757168001335026	6023A
5780328680	4	25.96	Y	N	06757168001335057	7034A
9680229387	12	77.88	Y	N	06757168001335170	6040A
9980119807	11	71.39	Y	N	06757168001335187	6024A
2730399012	22	142.78	Y	N	06757168001334852	7036A
3931036698	12	77.88	Y	N	06757168001334975	6009A
1380547442	11	71.39	Y	N	06757168001330441	6069A
1880497981	5	32.45	Y	N	06757168001334821	7045A
7582540459	1	6.49	Y	N	06757168001335095	6094A
8937151404	8	51.92	Y	N	06757168001335149	6037A

When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount \$ Fee Terms: Collect: <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. Total Pallets: 44 <i>[Signature]</i> 12/2/24	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. <i>[Signature]</i> 12/2 8 SLSC
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Name: E & E COMPANY LTD			
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name: Consolidation Dock 7101		Trailer number: 201507	
DC#: 7101		Seal number(s): 63488897	
Div.		SCAC: WALM	
Address: 1200 Mason Dixon Ln		Pro Number: 00000	
7101			
City/State/Zip: Conley, GA 30288			
SID#:	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 83279702		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
1382401310	14	192.86	Y	N	06757168001334807	6068A	
3130378410	15	97.35	Y	N	06757168001334883	6039A	
5735158753	4	51.46	Y	N	06757168001335040	6092A	
1880547737	8	77.42	Y	N	06757168001334838	6018A	
3680398421	5	32.45	Y	N	06757168001334920	6021A	
3930249207	9	58.41	Y	N	06757168001334968	7038A	
8180388423	8	51.92	Y	N	06757168001335101	6025A	
1330447921	15	97.35	Y	N	06757168001334777	6038A	
5030149774	8	51.92	Y	N	06757168001334998	6020A	
7582540328	8	51.92	Y	N	06757168001339079	6094A	
6280398670	13	84.37	Y	N	06757168001335064	7026A	
6737390248	14	116.36	Y	N	06757168001335071	6080A	
8680259380	6	38.94	Y	N	06757168001335125	6019A	
3880249432	6	38.94	Y	N	06757168001334951	6012A	

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

COD Amount \$ _____
Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>

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

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

<p>SHIPPER SIGNATURE / DATE</p> <p>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p> <p>Total Pallet: 44</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE</p> <p>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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Order No.: 72332974 Order Date: 11/25/2024 Customer: WALMARTWHS Customer PO No.: 5030149774
 PO Type No.: 0033 Location No.: 6020A Dept. No.: 00014

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

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

SHIP TO:
 WAL-MART DC 6020A - ASM DIS
 4224 KETTERING ROAD
 BROOKSVILLE, FL 34602

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666852223	SD171-0018	022164360233	Cherry Snow Cone Syrup	EA	6	6	1	6	1
666852225	SD171-0019	022164360240	Grape Snow Cone Syrup	EA	6	12	2	12	2
666852224	SD171-0020	022164360257	Blue Raspberry Snow Cone Syrup	EA	6	24	4	24	4
666852222	SD171-0021	022164360264	Tigers Blood Snow Cone Syrup	EA	6	6	1	6	1

Total Quantity Ordered: 48
Total Ordered: 8
Total Quantity Shipped: 48
Total Cartons Shipped: 8