

SHIP FROM		Master Bill of Lading Number: 06757168001351088	
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: 193424	
DC#: 7101		Seal number(s): 34484016	
Div.		SCAC: WALM	
Address: 1200 Mason Dixon Ln		Pro Number: 0000	
7101			
City/State/Zip: Conley, GA 30288			
SID#:	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
City/State/Zip:		(check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time: 11:00 AM	
Load #: 83688763		Actual Driver Arrival Time: 10:02 AM	
		Driver Departure Time: 11:39 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
3730299323	15	97.35	Y	N	06757168001350654	6006A	
5382043174	4	76.96	Y	N	06757168001350975	7033A	
8880837650	6	38.94	Y	N	06757168001350685	6011A	
2830169854	6	38.94	Y	N	06757168001350814	6036A	
5235149145	4	25.96	Y	N	06757168001350708	6016A	
1880547937	12	103.38	Y	N	06757168001350630	6018A	
3732620335	15	97.35	Y	N	06757168001350715	6017A	
5030279236	3	19.47	Y	N	06757168001350807	6035A	
6737390464	1	31.99	Y	N	06757168001350920	6080A	
1730329190	5	32.45	Y	N	06757168001350616	6027A	
3931036905	3	19.47	Y	N	06757168001350661	6009A	
1330448118	10	64.90	Y	N	06757168001350586	6038A	
3680398605	2	12.98	Y	N	06757168001350746	6021A	
7335198550	4	25.96	Y	N	06757168001350791	6030A	

<p>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 _____</p>	<p>COD Amount \$</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE</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 Pallets: <u>12</u> <u>12/13/24</u></p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE</p> <p>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p> <p><u>Walmart</u> <u>69301 SLSC</u> <u>6mT6810</u> <u>12/13/24</u></p>
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SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name: Consolidation Dock 7101		Trailer number: 193424	
DC#: 7101		Seal number(s): 34484016	
Div.		SCAC: WALM	
Address: 1200 Mason Dixon Ln		Pro Number: 0000	
City/State/Zip: Conley, GA 30288			
SID#:	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
City/State/Zip:		(check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 83688763		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#
9432640228	7	45.43	Y	N	06757168001350876	6054A	
3030378752	10	64.90	Y	N	06757168001350852	6043A	
4480239865	8	51.92	Y	N	06757168001350883	6066A	
7582540675	1	6.49	Y	N	06757168001350951	6094A	
8230388536	25	162.25	Y	N	06757168001350678	6010A	
6280398894	2	12.98	Y	N	06757168001350968	7026A	
9630269761	14	167.36	Y	N	06757168001350890	6070A	
1880498177	2	12.98	Y	N	06757168001350623	7045A	
5030149964	8	51.92	Y	N	06757168001350739	6020A	
5380897542	8	51.92	Y	N	06757168001350753	6023A	
2730339225	7	45.43	Y	N	06757168001350999	7036A	
3130378606	13	84.37	Y	N	06757168001350838	6039A	
8680259678	4	25.96	Y	N	06757168001350722	6019A	
5735158978	3	95.97	Y	N	06757168001350944	6092A	

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

COD Amount \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

<p>SHIPPER SIGNATURE / DATE</p> <p><small>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.</small></p> <p>Total Pallet: 41</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><small>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.</small></p>
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Order No.: 72740173	Order Date: 12/09/2024	Customer: WALMARTWHS	Customer PO No.: 6280398894
PO Type No.: 0033	Location No.: 7026A	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 7026A - ASM DIS
 945 HIGHWAY 138
 GRANTSVILLE, UT 84029

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
666852224	SD171-0020	022164360257	Blue Raspberry Snow Cone Syrup	EA	6	6	1	6	1

Total Quantity Ordered:	12
Total Ordered:	2
Total Quantity Shipped:	12
Total Cartons Shipped:	2