

SHIP FROM		Master Bill of Lading Number: 06757168001371949	
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: 123401	
DC#: 7101		Seal number(s): 34484298	
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 #: 84437361		<i>Preload</i> AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
5235149514	12	77.88	Y	N	06757168001371604	6016A	
6437580201	6	38.94	Y	N	06757168001371741	6036A	
1332850617	18	116.82	Y	N	06757168001371406	6031A	
2332750248	5	32.45	Y	N	06757168001371468	6066A	
8782710314	5	32.45	Y	N	06757168001371659	6020A	
9032810037	5	32.45	Y	N	06757168001371529	6012A	
1880498538	3	19.47	Y	N	06757168001371437	7045A	
2730339601	6	38.94	Y	N	06757168001371918	7036A	
5030279811	11	71.39	Y	N	06757168001371734	6035A	
9432640573	3	19.47	Y	N	06757168001371833	6054A	
5735159340	5	32.45	Y	N	06757168001371864	6092A	
5780329242	3	19.47	Y	N	06757168001371901	7034A	
8230388878	12	77.88	Y	N	06757168001371499	6010A	
1382401945	3	19.47	Y	N	06757168001371413	6068A	

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p> <p>Total Pallets: <i>4</i></p> <p style="text-align: right;"><i>JW 1/10/25</i></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 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 style="text-align: right;"><i>JH Anderson</i> 1-10-25</p>
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SHIP FROM		Master Bill of Lading Number: 06757168001371949
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	Trailer number: 123401
	7101	Seal number(s): 34484298
City/State/Zip:	Conley, GA 30288	SCAC: WALM
SID#:	FOB: <input type="checkbox"/>	Pro Number: 0000

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 84437351		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6737390811	2	12.98	Y	N	06757168001371857	6080A	
7632700367	13	84.37	Y	N	06757168001371680	6024A	
8680259969	1	6.49	Y	N	06757168001371642	6019A	
3230329773	2	12.98	Y	N	06757168001371703	6026A	
5380897907	22	142.78	Y	N	06757168001371673	6023A	
7582541033	4	25.96	Y	N	06757168001371871	6094A	
8180388970	20	129.80	Y	N	06757168001371697	6025A	
9680229944	22	142.78	Y	N	06757168001371802	6040A	
3030379132	43	279.07	Y	N	06757168001371819	6043A	
3680398987	2	12.98	Y	N	06757168001371666	6021A	
3730299687	21	136.29	Y	N	06757168001371475	6006A	
7335198901	4	25.96	Y	N	06757168001371710	6030A	
8937151986	16	103.84	Y	N	06757168001371758	6037A	
Grand Total	438	2842.62					

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: 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. Total Pallet: 41	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.

Order No.: 73076658 Order Date: 01/06/2025 Customer: WALMARTWHS Customer PO No.: 8937151986
 PO Type No.: 0033 Location No.: 6037A 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 6037A-ASM DIS
 1455 SE FEEDVILLE RD
 HERMISTON, OR 97838

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	6	1	6	1
666852224	SD171-0020	022164360257	Blue Raspberry Snow Cone Syrup	EA	6	66	11	66	11
666852222	SD171-0021	022164360264	Tigers Blood Snow Cone Syrup	EA	6	18	3	18	3

Total Quantity Ordered: 96
Total Ordered: 16
Total Quantity Shipped: 96
Total Cartons Shipped: 16