

Date: 12/27/2024 7:39:29 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000972463	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart DC 6561A-ASM DIS	DC#:	6561A
		Div.:	
Address:	1600 Agua Mansa Road 6561A	Trailer number:	133892
		Seal number(s):	63589211
City/State/Zip:	Colton, CA 92324	SCAC:	WALM
SID#:		Pro Number:	
		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 UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 84017567		Pre-load PM	Pre-load AM
			Driver Departure Time
			Pre-load PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
5537571414	90	833.22	Y	N	06757163000972449	6561A	
9521646491	1204	15053.88	Y	N	06757163000972456	6561R	
Grand Total	1294	15887.10					

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
1294	ctns			15887.10		Comforters, Bedspreads	49017	200
1294				15887.10		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.

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: 32 <i>12/27/24</i>	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>M...</i> 12.27.24
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SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000972449

 (402)06757163000972449

SHIP TO
 Name: Wal-Mart DC 6561A-ASM DIS Location #: 6561A
 Address: 1600 Agua Mansa Road
 6561A
 City/State/Zip: Colton, CA 92324
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 133892
 Seal number(s): 63589211

SCAC: WALM
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid _____ Collect **X** 3rd Party _____

SPECIAL INSTRUCTIONS:
 Load #: 84017567

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time _____ Actual Driver Arrival Time _____ Driver Departure Time _____
 AM PM AM PM AM PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
5537571414	90	2	833.22	Y	N	12/28/2024	6561A	0033	00022	
GRAND TOTAL	90	2	833.22							

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>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS								
90	ctns			833.22		Comforters, Bedspreads	49017	200					
90				833.22		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.
Property described above is received in good order, except as noted.

Shipment Manifest (300097244)

BOL #: 06757163000972449	Customer: WALMARTWHS	Ship To: 6561A
Carrier: WAL-MART FLEET	Ship Date: 12/27/2024	Load Number: 84017567
Trailer Number: 133892	Pro Number:	Seal Number: 63589211
Total Cartons/Units: 90/144	Total Cube: 159.66	Total Weight(LB): 833.22
Ship From: E & E COMPANY LTD- 444096 221 Hanson Way Woodland, CA 95776	Ship To: Wal-Mart DC 6561A-ASM DIS 1600 Agua Mansa Road Colton, CA 92324	

<u>Customer PO No.</u>	<u>E&E SO No.</u>	<u>Mark for Store</u>	<u>Item No.</u>	<u>Item Info.</u>	<u>Qty To Ship</u>	<u>Case Pack Qty</u>	<u>Total Cartons</u>	<u>Carton Weight (LB)</u>	<u>Total Weight (LB)</u>	<u>Carton Cube</u>	<u>Total Cube</u>
5537571414	72961618		MS9344409 622-34	022164322934 662800963 K Rune 5pcs Comforter Set	36	1	36	10.59	381.24	1.96	70.56
5537571414	72961618		MS9444409 622-23	022164419078 670123543 F/Q Comforter	108	2	54	8.37	451.98	1.65	89.10

Date: 12/27/2024 7:39:27 AM

Bill Of Lading

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

Bill of Lading Number: 06757163000972456

 (402)06757163000972456

SHIP TO
 Name: Wal-Mart DC 6561R-Regular Location #: 6561R
 Address: 1600 Agua Mansa Road
 6561R
 City/State/Zip: Colton, CA 92324
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 133892
 Seal number(s): 63589211

SCAC: WALM
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect X 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 84017567

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
9521646491	1204	30	15053.88	Y	N	12/28/2024	6561R	0020	00022	
GRAND TOTAL	1204	30	15053.88							

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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1204	ctns			15053.88		Comforters, Bedspreads	49017	200
1204				15053.88		GRAND TOTAL		

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

Shipment Manifest (300097245)

BOL #:	06757163000972456	Customer:	WALMARTWHS	Ship To:	6561R
Carrier:	WAL-MART FLEET	Ship Date:	12/27/2024	Load Number:	84017567
Trailer Number:	133892	Pro Number:		Seal Number:	63589211
Total Cartons/Units:	1204/1204	Total Cube:	2368.08	Total Weight(LB):	15053.88
Ship From:	E & E COMPANY LTD- 444096 221 Hanson Way Woodland, CA 95776	Ship To:	Wal-Mart DC 6561R-Regular 1600 Agua Mansa Road Colton, CA 92324		

<u>Customer</u> <u>PO No.</u>	<u>E&E</u> <u>SO No.</u>	<u>Mark for</u> <u>Store</u>	<u>Item No.</u>	<u>Item Info.</u>	<u>Qty To</u> <u>Ship</u>	<u>Case</u> <u>Pack Qty</u>	<u>Total</u> <u>Cartons</u>	<u>Carton</u> <u>Weight</u> <u>(LB)</u>	<u>Total</u> <u>Weight</u> <u>(LB)</u>	<u>Carton</u> <u>Cube</u>	<u>Total</u> <u>Cube</u>
9521646491	72961625		MS9344409 622-02	022164323054 662833772 Q Allie 10pcs Comforter Set	144	1	144	11.52	1658.88	1.77	254.88
9521646491	72961625		MS9344409 622-03	022164323061 662833771 K Allie 10pcs Comforter Set	160	1	160	13.08	2092.80	1.98	316.80
9521646491	72961625		MS9344409 622-11	022164323146 662833777 Q Cara 10pcs Comforter Set	432	1	432	12.09	5222.88	1.79	773.28
9521646491	72961625		MS9344409 622-17	022164322767 662800973 F/Q Moran 5pcs Comforter Set	180	1	180	12.11	2179.80	1.94	349.20
9521646491	72961625		MS9344409 622-18	022164322774 662800971 K Moran 5pcs Comforter Set	288	1	288	13.54	3899.52	2.34	673.92