

Date: 1/21/2025 8:11:47 AM

# Master Bill Of Lading

Page 1 of 3

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000980352	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		<b>CARRIER NAME: WAL-MART FLEET</b>	
Name:	Wal-Mart Centerpoint - 6909	DC#: 6909	
		Div.	
Address:	3485 Wineville Rd 6909	Trailer number:	144134
		Seal number(s):	63589303
City/State/Zip:	Jurupa Valley, CA 91752	SCAC: WALM	
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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)	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 84670079		Pre-Load AM PM	Pre-Load AM PM
		Driver Departure Time	Pre-Load AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1330448531	25	160.42	Y	N	06757163000980185	6038A	
1332650707	10	64.18	Y	N	06757163000980147	6031A	
1380548152	7	47.49	Y	N	06757163000980253	6069A	
1382402079	20	154.00	Y	N	06757163000980246	6068A	
1730329649	8	61.60	Y	N	06757163000980123	6027A	
1880498611	28	189.93	Y	N	06757163000980345	7045A	
1880548418	54	399.76	Y	N	06757163000980055	6018A	
2332750359	8	35.93	Y	N	06757163000980239	6066A	
2730339697	3	23.10	Y	N	06757163000980314	7036A	
2832830045	10	70.60	Y	N	06757163000980062	6019A	
3030379209	75	561.46	Y	N	06757163000980208	6043A	
3130379056	50	362.56	Y	N	06757163000980192	6039A	
3131047416	18	128.99	Y	N	06757163000980215	6048A	
3230329865	10	73.79	Y	N	06757163000980116	6026A	

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 _____	<b>COD Amount \$</b> 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.	<b>Shipper Signature</b>
<b>SHIPPER SIGNATURE / DATE</b> 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: 38 <i>700/L</i> <i>1/21/25</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>X</i> <i>any</i>

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Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		<b>CARRIER NAME: WAL-MART FLEET</b>	
Name: Wal-Mart Centerpoint - 6909		DC#: 6909	
		Div.:	
Address: 3485 Wineville Rd		Trailer number: 144134	
6909		Seal number(s): 63589303	
City/State/Zip: Jurupa Valley, CA 91752		SCAC: WALM	
SID#: _____ FOB: <input type="checkbox"/>		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
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:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	
Load #: 84670079		Actual Driver Arrival Time	
		Driver Departure Time	
		AM PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO	
					DC#	Supplier#
3430827828	1	7.70	Y N	06757163000980338	7039A	
3680399062	17	121.28	Y N	06757163000980079	6021A	
3730299768	20	89.86	Y N	06757163000980000	6006A	
3732620811	157	1235.74	Y N	06757163000980048	6017A	
3930249833	7	53.90	Y N	06757163000980321	7038A	
3931037306	1	4.49	Y N	06757163000980017	6009A	
5030279694	11	81.49	Y N	06757163000980154	6035A	
5380897989	41	309.28	Y N	06757163000980086	6023A	
5735159448	19	146.30	Y N	06757163000980284	6092A	
6182790234	5	22.45	Y N	06757163000980260	6070A	
6280399380	7	50.70	Y N	06757163000980307	7026A	
6437580296	8	51.97	Y N	06757163000980161	6036A	
6737390908	87	657.07	Y N	06757163000980277	6080A	
7335198985	19	139.89	Y N	06757163000980130	6030A	

<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><b>COD Amount \$</b> _____</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;"><b>Shipper Signature</b></p>		
<p><b>SHIPPER SIGNATURE / DATE</b>          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: 38  <i>Scott</i>          1/21/25</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver             </td> <td style="width: 50%;"> <b>Freight Counted:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces             </td> </tr> </table>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
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<p><b>CARRIER SIGNATURE / PICKUP DATE</b>          Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the OOT emergency response guidebook or equivalent documentation in the vehicle.  <i>X</i></p>			

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<b>Order No.:</b> 73126421	<b>Order Date:</b> 01/13/2025	<b>Customer:</b> WALMARTWHS	<b>Customer PO No.:</b> 3730299768
<b>PO Type No.:</b> 0033	<b>Location No.:</b> 6006A	<b>Dept. No.:</b> 00014	

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**SHIP FROM:**  
 E & E COMPANY LTD  
 221 HANSON WAY  
 WOODLAND, CA 95776

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

**SHIP TO:**  
 WAL-MART DC 6006A - ASM DIS  
 2200 7TH AVENUE SOUTHWEST  
 CULLMAN, AL 35055

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
666852235	SD171-0022	022164360271	Ice Cream Mixes	EA	8	48	6	48	6
666852232	SD171-0023	022164360288	Ice Cream Mixes	EA	8	48	6	48	6
666852234	SD171-0024	022164360295	Ice Cream Mixes	EA	8	64	8	64	8

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<b>Total Quantity Ordered:</b>	<b>160</b>
<b>Total Ordered:</b>	<b>20</b>
<b>Total Quantity Shipped:</b>	<b>160</b>
<b>Total Cartons Shipped:</b>	<b>20</b>

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