

SHIP FROM		Master Bill of Lading Number: 06757168001395068	
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		Trailer number: 151994	
Address: 1200 Mason Dixon Ln Div.		Seal number(s): 36585430	
City/State/Zip: Conley, GA 30288		SCAC: WALM	
SID#: _____ FOB: <input type="checkbox"/>		Pro Number:	
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 (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip: _____		Appointment Time AM/PM: 0900 PM	
SPECIAL INSTRUCTIONS: Load #: 85192259		Actual Driver Arrival Time AM/PM: 0840 PM	
		Driver Departure Time AM/PM: 1814 PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
1330448822	4	25.96	Y	N	06757168001392784	6038A	
1332651088	9	65.67	Y	N	06757168001392937	6031A	
1382402428	27	206.69	Y	N	06757168001392944	6068A	
1730329972	4	25.96	Y	N	06757168001392951	6027A	
1880498928	4	25.96	Y	N	06757168001392968	7045A	
1880548718	3	19.47	Y	N	06757168001392869	6018A	
2282053711	3	19.47	Y	N	06757168001392982	7035A	
2332750817	3	19.47	Y	N	06757168001392999	6066A	
2832830372	10	72.16	Y	N	06757168001392876	6019A	
3030379533	14	102.96	Y	N	06757168001393101	6043A	
3032840345	3	19.47	Y	N	06757168001393125	6040A	
3130379374	10	64.90	Y	N	06757168001393156	6039A	
3131047708	17	110.33	Y	N	06757168001393170	6048A	
3282890162	8	51.92	Y	N	06757168001393200	7038A	

<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. Total Pallet: 38 <i>[Signature]</i> 2/7/25</p>	<p>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</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. <i>[Signature]</i> 2/7/25</p>
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SHIP FROM		Master Bill of Lading Number: 06757168001395068	
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:	151994
		Seal number(s):	36585430
City/State/Zip:	Conley, GA 30288	SCAC:	WALM
SID#:		Pro Number:	
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 #: 85192259		AM	AM
		PM	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#
3732621152	5	32.45	Y	N	06757168001392852	6017A	
3931037613	8	51.92	Y	N	06757168001392807	6009A	
5030279994	4	25.96	Y	N	06757168001393217	6035A	
5032880233	1	6.49	Y	N	06757168001392920	6026A	
5235149920	7	45.43	Y	N	06757168001392845	6016A	
5380898266	16	103.84	Y	N	06757168001392890	6023A	
5735159762	1	6.49	Y	N	06757168001393224	6092A	
5780329631	1	6.49	Y	N	06757168001393231	7034A	
6182790595	7	45.43	Y	N	06757168001393293	6070A	
6280399712	1	6.49	Y	N	06757168001393248	7026A	
6437580597	8	51.92	Y	N	06757168001393255	6036A	
6737391227	2	12.98	Y	N	06757168001393262	6080A	
7582541522	21	136.29	Y	N	06757168001393279	6094A	
7632700731	8	51.92	Y	N	06757168001392906	6024A	

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

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: 35

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets sold 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.

Order No.: 73267571 **Order Date:** 02/03/2025 **Customer:** WALMARTWHS **Customer PO No.:** 6182790595
PO Type No.: 0033 **Location No.:** 6070A **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 6070A-ASM DIS
 200 WAL-MART DRIVE
 SHELBY, NC 28150

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
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	24	4	24	4
666852222	SD171-0021	022164360264	Tigers Blood Snow Cone Syrup	EA	6	12	2	12	2

Total Quantity Ordered: 42
Total Ordered: 7
Total Quantity Shipped: 42
Total Cartons Shipped: 7