

Date: 5/1/2025 9:17:09 AM

# Master Bill Of Lading

Page 1 of 4

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163001015596	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: HUB CITY GROUP	
Name: HUBGROUP FONTANA CROSSDOCK Address: 13204 Philadelphia Ave City/State/Zip: FONTANA, CA 92337 SID#: _____ FOB: <input type="checkbox"/>		DC#: _____ Div: _____ Trailer number: 7041 Seal number(s): 63589656 SCAC: HGLS Pro Number: 14178582801	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 5027245403		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM    Actual Driver Arrival Time 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#
2575K2	6	84.54	Y	N	06757163001015312	96000	
2575K3	32	105.66	Y	N	06757163001015329	96000	
2575P6	35	112.21	Y	N	06757163001015336	96100	
2575R2	12	169.08	Y	N	06757163001015343	96120	
2575S3	37	120.51	Y	N	06757163001015350	96120	
2575T0	14	197.26	Y	N	06757163001015367	96130	
2575T1	35	116.93	Y	N	06757163001015374	96130	
2575T3	15	211.35	Y	N	06757163001016012	96140	
2575V2	21	66.50	Y	N	06757163001016005	96140	
2575Y5	17	239.53	Y	N	06757163001015381	96160	
2575Y7	29	99.70	Y	N	06757163001015398	96160	
2575Z3	9	126.81	Y	N	06757163001016029	96170	
2575Z5	5	17.21	Y	N	06757163001016036	96170	

<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><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>	
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b></p>		
<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.</p>	<p><b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets sold to contain  <input type="checkbox"/> By Driver/Pieces</p>
<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 DOT emergency response guidebook or equivalent documentation in the vehicle.</p>		

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SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		Name: HUBGROUP FONTANA CROSSDOCK DC#: _____ Div: _____ Address: 13204 Philadelphia Ave City/State/Zip: FONTANA, CA 92337 SID#: _____ FOB: <input type="checkbox"/>		Name: _____ Address: _____ City/State/Zip: _____		CUSTOMER ORDER NUMBER   # PKGS CTN   WEIGHT LBS   PALLET/SLIP (CIRCLEONE)   BOL#   ADDITIONAL SHIPPER INFO DC#   Supplier# 2576B1   2   28.18   Y   N   06757163001015411   96300   _____ 2576B2   32   103.30   Y   N   06757163001015404   96300   _____ 2576C0   12   169.08   Y   N   06757163001015428   96500   _____ 2576JZ   36   118.72   Y   N   06757163001015435   96500   _____ 2576K5   18   253.62   Y   N   06757163001015442   96540   _____ 2576L6   12   42.13   Y   N   06757163001015459   96540   _____ 2576P9   7   98.63   Y   N   06757163001015466   96600   _____ 2576Q2   13   43.33   Y   N   06757163001015473   96600   _____ 2576T2   10   140.90   Y   N   06757163001015480   96700   _____ 2576T5   16   53.42   Y   N   06757163001015497   96700   _____ 2576X6   17   54.62   Y   N   06757163001015503   96800   _____ 2576Y5   13   183.17   Y   N   06757163001015510   96900   _____ 2576Z0   33   108.04   Y   N   06757163001016043   96900   _____	
Master Bill of Lading Number: 06757163001015596		CARRIER NAME: HUB CITY GROUP Trailer number: 7041 Seal number(s): 63589656 SCAC: HGLS Pro Number: 14178582601		Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING Appointment Time AM PM   Actual Driver Arrival Time AM PM   Driver Departure Time AM PM	
SPECIAL INSTRUCTIONS: Load #: 5027245403							

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> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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. <div style="text-align: right;"><b>Shipper Signature</b></div>
<b>SHIPPER SIGNATURE / DATE</b> <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>	<b>Trailer Loaded:</b> <input 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> <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>	

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Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		Name: HUBGROUP FONTANA CROSSDOCK DC#: _____ Div. _____ Address: 13204 Philadelphia Ave City/State/Zip: FONTANA, CA 92337 SID#: _____ FOB: <input type="checkbox"/>		Name: _____ Address: _____ City/State/Zip: _____		CUSTOMER ORDER NUMBER    # PKGS CTN    WEIGHT LBS    PALLET/SLIP (CIRCLEONE)    BOL#    ADDITIONAL SHIPPER INFO DC#    Supplier# 2577B7    18    253.62    Y    N    06757163001015527    96910    _____ 2577G5    29    91.44    Y    N    06757163001015534    96910    _____ 2577H4    40    135.91    Y    N    06757163001016067    96920    _____ 2577H5    18    253.62    Y    N    06757163001016050    96920    _____ 2577S2    12    169.08    Y    N    06757163001015558    96930    _____ 2577S5    23    74.80    Y    N    06757163001015565    96930    _____ 2577T1    17    239.53    Y    N    06757163001015572    96970    _____ 2577T6    26    83.71    Y    N    06757163001015589    96970    _____ <b>Grand Total</b> 671    4366.14    _____    _____    _____    _____    _____		
Master Bill of Lading Number: 06757163001015596		CARRIER NAME: HUB CITY GROUP Trailer number: 7041 Seal number(s): 63889656 SCAC: HGLS Pro Number: 14178582601		Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> (check box)    MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING		Appointment Time    Actual Driver Arrival Time    Driver Departure Time AM    AM    AM PM    PM    PM		
SPECIAL INSTRUCTIONS: Load #: 5027245403								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or moving must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 3(a) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
34	Pallet			1700.00		Pallet		70

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.

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.

# MASTER BILL OF LADING

01:2576Y5-01;2576Z0-01;2577B7-01;2577G5-01;2577H4-01;2577H5-01;2577S2-01;2577S5-01;2577T1-01;2577T6-01;STOP#:1 CR - ALC75289839S;  
 ARD75291128S;ARD75291905S;BES75290192S;BES75290914S;BLA75290775S;BLA75292117S;BTH75291456S;FLT75289840S;FLT75291554S;  
 IND75290227S;IND75291412S;JAC75289847S;JAC75292246S;JAN75291522S;JAN75291617S;JON75289848S;JON75292190S;LEB75290193S;LEB75292243S;  
 LGV75289838S;LGV75292057S;MAR75289849S;MAR75290850S;SAT75291127S;SAT75291457S;SBO75290115S;SBO75291790S;SCV75289786S;  
 SCV75291611S;WAL75290428S;WAL75291789S;ZAN75290214S;ZAN75290502S |



SPECIAL SERVICES:

## CUSTOMER

PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
2576X6-01	1	17	105	115	NMFC_CLASS	500.0	ALACHUA
2576B1-01	1	2	78	115	NMFC_CLASS	500.0	ARDMORE
2576B2-01	1	32	153	115	NMFC_CLASS	400.0	ARDMORE
2577S2-01	1	12	219	115	NMFC_CLASS	400.0	BESSEMER
2577S5-01	1	23	125	115	NMFC_CLASS	400.0	BESSEMER
2576L6-01	1	12	92	115	NMFC_CLASS	500.0	BLAIR
2576K5-01	1	18	304	115	NMFC_CLASS	300.0	BLAIR
2575P6-01	1	35	162	115	NMFC_CLASS	400.0	BETHEL
2576T2-01	1	10	191	115	NMFC_CLASS	400.0	FULTON
2576T5-01	1	16	103	115	NMFC_CLASS	500.0	FULTON
2576P9-01	1	7	149	115	NMFC_CLASS	400.0	INDIANOLA
2576Q2-01	1	13	93	115	NMFC_CLASS	500.0	INDIANOLA
2575V2-01	1	21	117	115	NMFC_CLASS	400.0	JACKSON
2575T3-01	1	15	261	115	NMFC_CLASS	300.0	JACKSON
2575T1-01	1	35	167	115	NMFC_CLASS	400.0	JANESVILLE
2575T0-01	1	14	247	115	NMFC_CLASS	300.0	JANESVILLE
2577B7-01	1	18	304	115	NMFC_CLASS	300.0	JONESVILLE
2577G5-01	1	29	141	115	NMFC_CLASS	400.0	JONESVILLE
2577T6-01	1	26	134	115	NMFC_CLASS	400.0	LEBEC
2577T1-01	1	17	290	115	NMFC_CLASS	300.0	LEBEC
2575Y5-01	1	17	290	115	NMFC_CLASS	300.0	LONGVIEW
2575Y7-01	1	29	150	115	NMFC_CLASS	400.0	LONGVIEW
2577H5-01	1	18	304	115	NMFC_CLASS	300.0	MARION
2577H4-01	1	40	186	115	NMFC_CLASS	400.0	MARION
2575S3-01	1	37	171	115	NMFC_CLASS	400.0	SAN ANTONIO
2575R2-01	1	12	219	115	NMFC_CLASS	400.0	SAN ANTONIO
2576J2-01	1	38	169	115	NMFC_CLASS	400.0	SOUTH BOSTON
2576C8-01	1	12	219	115	NMFC_CLASS	400.0	SOUTH BOSTON
2575K2-01	1	6	135	115	NMFC_CLASS	400.0	SCOTTSVILLE
2575K3-01	1	32	156	115	NMFC_CLASS	400.0	SCOTTSVILLE
2575Z3-01	1	9	177	115	NMFC_CLASS	400.0	WALTON
2575Z5-01	1	5	67	115	NMFC_CLASS	500.0	WALTON
2576Z0-01	1	33	158	115	NMFC_CLASS	400.0	ZANESVILLE
2576Y3-01	1	13	233	115	NMFC_CLASS	300.0	ZANESVILLE
<b>GRAND TOTAL</b>	<b>34</b>	<b>671</b>	<b>6069.00</b>	<b>3910.00</b>			

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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 rules, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.  
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  
 Shipper Signature \_\_\_\_\_

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.  5/1/25	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 used 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 Property described above is received in good order, except as noted.  05/01/25
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