

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001428193
Name:	E & E COMPANY LTD	
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		FOB: <input type="checkbox"/>

<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET
Name:	Consolidation Dock 7101	DC#: 7101
		Div.
Address:	1200 Mason Dixon Ln 7101	Trailer number: 194961
		Seal number(s): 5275456
City/State/Zip:	Conley, GA 30288	SCAC: WALM
SID#:		Pro Number: 0000
		FOB: <input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM
Load #: 86097492		

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1382403075	1	6.49	Y	N	06757168001422870	6068A	
1380548958	27	175.23	Y	N	06757168001422856	6069A	
4158526469	96	1105.92	Y	N	06757168001422382	6018R	
2832920235	26	303.94	Y	N	06757168001422504	6036A	
3458527474	144	1658.88	Y	N	06757168001422559	6017R	
1633070164	1	6.49	Y	N	06757168001422887	7034A	
3430828621	1	6.49	Y	N	06757168001422795	7039A	
3533090060	89	1038.96	Y	N	06757168001422450	7038A	
4975699284	44	514.36	Y	N	06757168001422344	7045A	
1431602912	88	1028.72	Y	N	06757168001422634	7035A	
1880499475	1	6.49	Y	N	06757168001422894	7045A	
3308527112	96	1105.92	Y	N	06757168001422535	6019R	
3908526793	48	552.96	Y	N	06757168001422481	6035R	
5380898812	1	6.49	Y	N	06757168001422665	6023A	

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"/>

**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 / 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. <i>[Signature]</i> 3/17/25	<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 ssid 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>[Signature]</i>
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<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001428193	
Name: <b>E &amp; E COMPANY LTD</b>			
Address: <b>311 International Trade Pkwy</b>			
City/State/Zip: <b>Port Wentworth, GA 31407</b>			
SID#: _____	FOB: <input type="checkbox"/>		

<b>SHIP TO</b>		CARRIER NAME: <b>WAL-MART FLEET</b>	
Name: <b>Consolidation Dock 7101</b>	DC#: <b>7101</b>		
	Div.:		
Address: <b>1200 Mason Dixon Ln 7101</b>		Trailer number: <b>194961</b>	
		Seal number(s): <b>5275456</b>	
City/State/Zip: <b>Conley, GA 30288</b>		SCAC: <b>WALM</b>	
SID#: _____	FOB: <input type="checkbox"/>	Pro Number: <b>0000</b>	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: _____		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
City/State/Zip: _____			
<b>SPECIAL INSTRUCTIONS:</b> Load #: 96097492		Appointment Time	Actual Driver Arrival Time
		AM PM	AM 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#
3282890729	1	6.49	Y	N	06757168001422788	7038A	
3558526634	48	552.96	Y	N	06757168001422467	7039R	
4082171426	11	128.59	Y	N	06757168001422498	6031A	
4608527011	96	1105.92	Y	N	06757168001422405	6027R	
4713326238	96	1105.92	Y	N	06757168001422412	6011R	
6737391795	1	6.49	Y	N	06757168001422702	6080A	
3532950211	5	58.45	Y	N	06757168001422443	7036A	
7675409225	20	233.80	Y	N	06757168001422368	7039A	
8432940630	1	6.49	Y	N	06757168001422740	7036A	
<b>Grand Total</b>		1480	16864.89				

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(a) of NMFC Item 368</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1431	ctns			16546.88		Comforters, Bedspreads	49017	200
49	ctns			318.01		Ice Cream Powder	72750	92.5

<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>
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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>
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<p><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly cradled, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p> <p>Total Pallet: 50</p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Places</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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**Order No.:** 73517245      **Order Date:** 03/10/2025      **Customer:** WALMARTWHS      **Customer PO No.:** 4082171426  
**PO Type No.:** 0033      **Location No.:** 6031A      **Dept. No.:** 00022

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**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 6031A-ASM DIS  
23702 WEST SOUTHERN AVENUE  
BUCKEYE, AZ 85326

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
662833776	MS9344409622-08	022164323115	Q Chase 10pcs Comforter Set	EA	1	11	11	11	11

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**Total Quantity Ordered:** 11  
**Total Ordered:** 11  
**Total Quantity Shipped:** 11  
**Total Cartons Shipped:** 11