

SHIP FROM		Master Bill of Lading Number: 06757168001456707	
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: Paschall Trucking	
Name:	Consolidation Dock 7101	DC#:	7101
Address:	1200 Mason Dixon Ln 7101	Div.:	
City/State/Zip:	Conley, GA 30288	Trailer number:	PTL195714
SID#:	FOB: <input type="checkbox"/>	Seal number(s):	68293104
		SCAC:	PASC
		Pro Number:	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS: Load #: 38995950		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		1400 AM PM	1:19 AM PM
			2:30 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
2532421549	402	5619.33	Y	N	06757168001456198	6030A	
5033090458	129	1908.46	Y	N	06757168001456219	6094A	
3782101942	18	186.15	Y	N	06757168001456172	6080G	
5033090379	33	364.51	Y	N	06757168001456189	6094G	
3782102023	338	4687.10	Y	N	06757168001456202	6080A	
2532421467	12	128.30	Y	N	06757168001456165	6030G	
Grand Total		932	12893.85				

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(b) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
932	ctns			12893.85		Comforters, Bedspreads	49017	200
						Grand Total		

<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: 25 <i>SP 5/5/25</i></p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>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> 05/15/25</p>
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Order No.: 73814799 Order Date: 04/21/2025 Customer: WALMARTWHS Customer PO No.: 5033090379
 PO Type No.: 0003 Location No.: 6094G Dept. No.: 00022

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 6094G-GENERAL
 5801 SW REGIONAL AIRPORT BLVD
 BENTONVILLE, AR 72712

Customer SKU Number	Item Number	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cartons Ordered	Qty Shipped	Cartons Shipped
662800973	MS9344409622-17	022164322767	F/Q Moran 5pcs Comforter Set	EA	1	17	17	17	17
662850701	MS9344409622-19	022164322781	F/Q Beau 5pcs Comforter Set	EA	1	5	5	5	5
662800972	MS9344409622-20	022164322798	K Beau 5pcs Comforter Set	EA	1	4	4	4	4
662800967	MS9344409622-22	022164322811	K Rune 5pcs Comforter Set	EA	1	3	3	3	3
662800974	MS9344409622-30	022164322897	K Albion 5pcs Comforter Set	EA	1	4	4	4	4

Total Quantity Ordered: 33
Total Ordered: 33
Total Quantity Shipped: 33
Total Cartons Shipped: 33