

### Consolidated Bill of Lading Recap

PICKUP DATE: \_\_\_\_\_

CARRIER LOAD/PRO#  
DIL1885754/77

SHIP FROM

NAME: E & E COMPANY LTD  
ADDRESS: 311 International Trade Pkwy  
CITY/ST/ZIP: Port Wentworth, GA 31407

Dillard's Load ID (REQUIRED):  
DIL: \_\_\_\_\_  
Master Bill of Lading# (OPTIONAL); if BOL# Not Listed  
Then Use Load ID:  
BOL#: 06757168001476286

CONSOLIDATION SHIP TO

NAME: Dillard's Ft Worth D.C.  
ADDRESS: 4501 N. Beach Street  
000000000000027  
CITY/ST/ZIP: Fort Worth, TX 76137

Carrier Name: EOS INC  
Carrier SCAC: EOSA  
Carrier Trailer: 487  
Seal Number: 36585709

The individual bills of ladings must be attached to this manifest and presented to driver at time of pickup.


Destination	BOL Number(s)	Dillard's Shlpment ID#	Cartons	Weight
Fort Worth, TX, DC#0027	06757168001476262	800147626	732	5183.01
Fort Worth, TX, DC#0027	06757168001476279	800147627	669	2820.56
<b>TOTALS</b>			1401	8003.57

**Please Note: This Recap is for reference only as driver MUST sign ALL attached bills of lading**

Date: 6/4/2025 2:22:35 PM

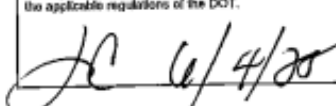
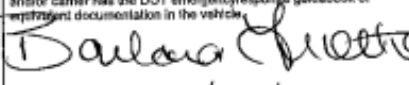
**BILL OF LADING**

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<b>SHIP FROM</b>		Bill of Lading Number: 06757168001476262	
Name:	E & E COMPANY LTD	 (402)06757168001476262	
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:	FOB: <input type="checkbox"/>		
<b>SHIP TO</b>		<b>CARRIER NAME:</b> EOS INC	
Name:	Dillard's Ft Worth D.C. Location #: 0027	Trailer number: 487	
Address:	4501 N. Beach Street	Seal number(s): 36585709	
City/State/Zip:	Fort Worth, TX 76137	<b>SCAC:</b> EOSA	
CID#:	DIL1885754 FOB: <input type="checkbox"/>	<b>Pro Number:</b> 77	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached	
SPECIAL INSTRUCTIONS: Load #: DIL1885754		(check box) underlying Bills of Lading	
DIL1885754		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		
3109275305	732	5183.01	Y N		
<b>Grand Total</b>	732	5183.01			

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be marked and packaged as to correct safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
21	Pallet			1050.00		Pallet		
		732	ctns	5183.01		Comforters, Bedspreads	49017	200
21		732		6233.01		<b>Grand Total</b>		

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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable:	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. <input type="checkbox"/> 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 _____	
<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.   6/4/25		<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 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.   06/04/25	

\*\*\*PACKING LIST\*\*\*  
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Order No.: 71639112 Order Date: 09/25/2024 Customer: DILLARD'S FT WORTH D.C. Customer PO No.: 3109275305

<b>SHIP FROM:</b> E & E COMPANY LTD 311 INTERNATIONAL TRADE PKWY PORT WENTWORTH, GA 31407	<b>BILL TO:</b> DILLARD'S INC. 111 WHS P.O. BOX 8037 ATTN: INVOICE OFFICE LITTLE ROCK, AR 72203 US	<b>SHIP TO:</b> DILLARD'S FT WORTH D.C. 4501 N. BEACH STREET FORT WORTH, TX 76137 US	<b>Shipping Date:</b> 06/04/2025  <b>Shipment No.:</b> 800147626
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1926513	DL10-1200	022164482898	F/Q Linden Comforter	EA	1	48	48	48	48
1926514	DL10-1201	022164482904	K Linden Comforter	EA	1	60	60	60	60
1926515	DL11-1202	022164482911	STD Linden Sham	EA	2	96	48	96	48
1926516	DL11-1203	022164482928	K Linden Sham	EA	2	120	60	120	60

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<b>Total Weight:</b>	<b>1533.6</b>
<b>Total Quantity Ordered:</b>	<b>324</b>
<b>Total Cartons Ordered:</b>	<b>216</b>
<b>Total Quantity Shipped:</b>	<b>324</b>
<b>Total Cartons Shipped:</b>	<b>216</b>