

Date: 8/7/2025 2:59:59 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168001523317
Name:	E & E COMPANY LTD	
Address:	311 International Trade Pkwy Port Wentworth, GA 31407	
SID#:	FCB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Knight Transportation
Name:	Wal-Mart Center Point 7976 DC#: 7976 Div.	
Address:	423 Pitts School Road 7976	
SID#:	FCB: <input type="checkbox"/>	

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 <input type="checkbox"/> UNDERLYING BILLS OF LANDING
City/State/Zip:		Appointment Time: 11:00 AM Actual Driver Arrival Time: 1:51 PM Driver Departure Time: 3:19 PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
5033090935	101	1532.89	Y	N	06757168001517507	6094A
6475649944	113	1500.27	Y	N	06757168001521757	6048A
2833390574	305	4287.99	Y	N	06757168001523010	6023A
6475649906	121	1760.49	Y	N	06757168001523034	6048A
1982651353	114	1751.16	Y	N	06757168001523041	6066A
8882352191	179	2483.44	Y	N	06757168001522990	6054A
9782212229	179	2303.79	Y	N	06757168001521030	6043A
9782212258	162	2197.76	Y	N	06757168001523003	6043A
Grand Total	1274	17817.79				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged so to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1274	ctns			17817.79		Comforters, Bedspreads	49017	200
1274				17817.79		Grand Total		

Where the rate is dependent on value, shippers are required to declare 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 / DATE <i>[Signature]</i> 8/11/25	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 said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE <i>[Signature]</i>
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Date: 8/7/2025 2:59:57 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168001523010
Name: E & E COMPANY LTD		 (402)06757168001523010
Address: 311 International Trade Pkwy		
City/State/Zip: Port Wentworth, GA 31407		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Knight Transportation
Name: Wal-Mart DC 6023A - ASM DIS	Location #: 6023A	Trailer number: 110722
Address: 21500 Cox Road		Seal number(s): 69480899
City/State/Zip: Sutherland, VA 23865		SCAC: KNIG
CID#: _____	FOB: <input type="checkbox"/>	Pro Number:
Dept: 00022		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:		Prepaid Collect <input checked="" type="checkbox"/> 3rd Party
Address:		
City/State/Zip:		

SPECIAL INSTRUCTIONS: Load #: 40369985	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
2833390574	305	8	4287.99	Y N	07/25/2025	6023A	0033	00022	
GRAND TOTAL	305	8	4287.99						

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	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 first on B/L of NMFC Item 206.</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
305	ctns			4287.99		Comforters, Bedspreads	49017	200		
GRAND TOTAL										

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: <input type="checkbox"/>
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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).

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 / 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: <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	CARRIER SIGNATURE / PICKUP DATE <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. Property described above is received in good order, except as noted.</small>
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Bill Of Lading

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SHIP FROM				SHIP TO							THIRD PARTY FREIGHT CHARGES BILL TO:		
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>				Bill of Lading Number: 06757168001522990  (402)06757168001522990							Name: _____ Address: _____ City/State/Zip: _____		
Name: Wal-Mart DC 6054A-ASM DIS Location #: 6054A Address: 385 Calaway Church Road 6054A City/State/Zip: La Grange, GA 30241 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022				CARRIER NAME: Knight Transportation Trailer number: 110722 Seal number(s): 69480899 SCAC: KNIG Pro Number: _____							Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect X 3rd Party		
SPECIAL INSTRUCTIONS: Load #: 40369985				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)							Appointment Time Actual Driver Arrival Time Driver Departure Time AM AM AM PM PM PM		
CUSTOMER ORDER INFORMATION													
CUSTOMER ORDER NUMBER	# PKGS	Pits Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info				
8882352191	179	5	2483.44	Y N	07/24/2025	6054A	0033	00022					
GRAND TOTAL	179	5	2483.44										
CARRIER INFORMATION													
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION				LTL ONLY			
QTY	TYPE	QTY	TYPE			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(e) of NMFC Item 300.				NMFC #	CLASS		
179	ctns			2483.44		Comforters, Bedspreads				49017	200		
179				2483.44		GRAND TOTAL							
Where the rate is dependent on value, shippers are required to attach 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: <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.							
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: <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/Process		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. Property described above is received in good order, except as noted.					

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____ FOB:

Bill of Lading Number: 06757168001523003



SHIP TO
 Name: Wal-Mart DC 6043A-ASM DIS Location #: 6043A
 Address: 500 Jonesville Road
 6043A
 City/State/Zip: Coldwater, MI 49036
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Knight Transportation
 Trailer number: 110722
 Seal number(s): 69480899
SCAC: KNIG
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:
 Load #: 40389985

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pits Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
9782212258	162	4	2197.76	Y	N	07/26/2025	6043A	0033	00022	
GRAND TOTAL	162	4	2197.76							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	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 330 of NMFC Item 300.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
162	ctns			2197.76		Comforters, Bedspreads	49017	200	
162				2197.76		GRAND TOTAL			

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 _____

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, references to its rules, classifications and rates 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 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. Property described above to received in good order, except as noted.