

### Consolidated Bill of Lading Recap

PICKUP DATE: 12/1/25

CARRIER LOAD/PRO#  
DIL1910803

SHIP FROM  
NAME: E & E COMPANY LTD  
ADDRESS: 221 Hanson Way  
CITY/ST/ZIP: Woodland, CA 95776

Dillard's Load ID (REQUIRED):  
DIL: \_\_\_\_\_  
Master Bill of Lading# (OPTIONAL); If BOL# Not Listed  
Then Use Load ID:  
BOL#: 06757163001104726

CONSOLIDATION SHIP TO  
NAME: PERFORMANCE TEAM LLC  
ADDRESS: 12816 SHOEMAKER AVE  
CITY/ST/ZIP: SANTA FE SPRINGS, CA 90670

Carrier Name: US Xpress  
Carrier SCAC: USXI  
Carrier Trailer: 310481  
Seal Number: 69894557

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 Shipment ID#	Cartons	Weight
Salisbury, NC, DC#0021	06757163001102364	300110236	15	208.37
Valdosta, GA, DC#0022	06757163001102371	300110237	4	54.16
Olathe, KS, DC#0023	06757163001102388	300110238	13	217.64
Mabelvale, AR, DC#0024	06757163001102395	300110239	15	261.58
Fort Worth, TX, DC#0027	06757163001102401	300110240	17	258.11
Gilbert, AZ, DC#0029	06757163001102418	300110241	5	69.57
<b>TOTALS</b>			69	1069.43

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

Date: 12/1/2025 11:53:07 AM

**BILL OF LADING**

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<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757163001102364	
Name: E & E COMPANY LTD		 (402)06757163001102364	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#: _____ FOB: <input type="checkbox"/>		<b>CARRIER NAME:</b> US Xpress	
<b>SHIP TO</b>		Trailer number: 310481	
Name: Dillard's Salisbury D.C. Location #: 0021		Seal number(s): 69894557	
Address: 1315 Peach Orchard Road		<b>SCAC:</b> USXI	
City/State/Zip: Salisbury, NC 28146		<b>Pro Number:</b>	
CID#: DIL1910803 FOB: <input type="checkbox"/>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <u>X</u> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Appointment Time: _____ Actual Driver Arrival Time: <u>11:30</u> AM Driver Departure Time: <u>12:00</u> AM PM PM PM	
Name: _____			
Address: _____			
City/State/Zip: _____			
SPECIAL INSTRUCTIONS: Load #: DIL1910803			
DIL1910803			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBIC FEET	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3188992401	13	174.68	25.10	Y	N	
3188992801	2	33.69	4.77	Y	N	
<b>Grand Total</b>	<b>15</b>	<b>208.37</b>	<b>29.87</b>			

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	CUBIC FEET	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 200 of NMFC Item 380.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC #	CLASS
1	Pallet			50.00			Pallet		
		15	ctns	208.37			Throws, Blankets	49260	175
1		15		258.37			<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 _____	<b>COD Amount:</b> \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable:
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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
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<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.  <u>FOOK 12/1/25</u>	<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 reports. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  <u>X</u>
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# BILL OF LADING

<b>SHIP FROM</b>		Bill of Lading Number: 06757163001102388	
Name: E & E COMPANY LTD		 (402)06757163001102388	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:	FOB: <input type="checkbox"/>	<b>CARRIER NAME:</b> US Xpress	
<b>SHIP TO</b>		Trailer number: 310481	
Name: Dillard's Olathe D.C. Location #: 0023		Seal number(s): 69894557	
Address: 700 E. 151st Street		<b>SCAC:</b> USXI	
City/State/Zip: Olathe, KS 66062		<b>Pro Number:</b>	
CID#: DIL1910803 FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: DIL1910803		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <u>X</u> 3rd Party: _____	
DIL1910803		<input type="checkbox"/> Master Bill of Lading: with attached (check box) 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	WEIGHT	CUBIC FEET	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3188992403	5	66.36	9.26	Y	N	
3188992802	8	151.28	20.94	Y	N	
<b>Grand Total</b>		13	217.64	30.20		

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	CUBIC FEET	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 21(e) of WMFC Item 308</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC #	CLASS
1	Pallet			50.00			Pallet		
		13	ctns	217.64			Throws, Blankets	49260	175
1		13		267.64			<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 _____.	<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable:
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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.  _____ <b>Shipper Signature</b>
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<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.  	<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 sold to contain  <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b>  
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Date: 12/1/2025 11:53:06 AM

# BILL OF LADING

Page 1

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

**SHIP TO**

Name: Dillard's Mablevale D.C. Location #: 0024  
 Address: 11701 Otter Creek South  
 City/State/Zip: Mabelvale, AR 72103  
 CID#: DIL1910803 FOB:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** Load #: DIL1910803  
 DIL1910803

Bill of Lading Number: 06757163001102395



(402)06757163001102395

**CARRIER NAME:** US Xpress  
**Trailer number:** 310481  
**Seal number(s):** 69894557

**SCAC:** USXI  
**Pro Number:** \_\_\_\_\_

**Freight Charge Terms:** (freight charges are prepaid unless marked otherwise)  
**Prepaid:** \_\_\_\_\_ **Collect:**  **3rd Party:** \_\_\_\_\_

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

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

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBIC FEET	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3188992404	8	108.32	15.84	Y	N	
3188992803	7	153.26	20.76	Y	N	
<b>Grand Total</b>	<b>15</b>	<b>261.58</b>	<b>36.60</b>			

CARRIER INFORMATION							LTL ONLY			
HANDLING UNIT		PACKAGE		WEIGHT	CUBIC FEET	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
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			
1	Pallet			50.00			Pallet			
		15	ctns	261.58			Throws, Blankets		49260	175
1		15		311.58			<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  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**

<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. <u>Scott 12/1/25</u>	<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 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 guidebook or equivalent documentation in the vehicle. <u>[Signature]</u> <u>12/1/25</u>
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**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757163001102401  
  
 (402)06757163001102401

**SHIP TO**  
 Name: Dillard's Ft Worth D.C. Location #: 0027  
 Address: 4501 N. Beach Street  
 City/State/Zip: Fort Worth, TX 76137  
 CID#: DIL1910803 FOB:

**CARRIER NAME:** US Xpress  
**Trailer number:** 310481  
**Seal number(s):** 69894557

**SCAC:** USXI  
**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 #: DIL1910803  
  
**DIL1910803**

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

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

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBIC FEET	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3188992405	11	148.26	20.50	Y	N	
3188992804	6	111.85	15.63	Y	N	
<b>Grand Total</b>	<b>17</b>	<b>258.11</b>	<b>36.13</b>			

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	CUBIC FEET	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(e) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC #	CLASS
1	Pallet			50.00			Pallet		
		17	ctns	258.11			Throws, Blankets	49260	175
1		17		308.11			<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:  Prepaid:   
 Customer check acceptable:

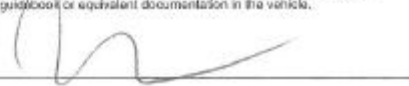
**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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.  
  
 12/1/25

**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.  


**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757163001102418  
  
 (402)06757163001102418

**SHIP TO**  
 Name: Dillard's Gilbert D.C. Location #: 0029  
 Address: 396 N. William Dillard Drive  
 City/State/Zip: Gilbert, AZ 85233  
 CID#: DIL1910803 FOB:

**CARRIER NAME:** US Xpress  
 Trailer number: 310481  
 Seal number(s): 69894557  
**SCAC:** USXI  
 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 #: DIL1910803  
 DIL1910803

Master Bill of Lading: with attached  
 (check box) 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	WEIGHT	CUBIC FEET	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
3188992406	2	27.08	3.96	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
3188992805	3	42.49	6.27	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	
<b>Grand Total</b>	<b>5</b>	<b>69.57</b>	<b>10.23</b>			

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	CUBIC FEET	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 insure safe transportation with ordinary care. See Section 21e of NMFC Item 358</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC #	CLASS
1	Pallet			50.00			Pallet		
		5	ctns	69.57			Throws,Blankets	49260	175
1		5		119.57			<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:  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.  
 \_\_\_\_\_  
 12/1/25

**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.  
 \_\_\_\_\_  
 X

Batch No.	Customer	Customer PO No.	E&E SO No.	Order Cat.	Batch Status	Routing Status	Pick List Creation Status	Stock Status	753 Sent	ASN Sent	Location	Total Ctns	Total Cube	Shipping Date	Cancel After Date	Order From	PnP Type	Partner Order Type	Created Date	Created By
B20251118223018	DLSWHS	3188992401, 3188992402, 3188992403, 3188992404, 3188992405 ...	75317702, 75317703, 75317704, 75317705, 75317706 ...		55 Completed	Routed	Completed		No	Yes	WDC	69	151.64	11/19/2025	12/01/2025	EDI	Standard		11/18/2025 22:30:18	yefei@syncsoftinc.cn

### Routing Sheet (R202511190638201)



PAGE 1 OF 2

Routing No.:	R202511190638201	Customer:	DLSWHS	Location:	WDC
Ship To:	0021	Shipping Date:	11/19/2025	Cancel After Date/In DC Date:	12/01/2025
Total Cube:	30.02	Adjusted Percent(%):	5.00	Adjusted Cube:	31.52
Total Ctns/Units:	15/30	Total Weight:	208.37	Actual Ship Date:	11/19/2025
Estimated Pallet Count:	1	Estimated Pallet Weight(LB):	50.00	Routing:	SEE ROUTING GUIDE
Carrier:		Freight Term:	Collect	Ship Method:	
Batch No.:	B20251118223018	Lane:		Customer PO No.:	3188992401...
Instruction:	/0021 /SEE MTX FOR LEGAL NOTICE...				

