

Date: 5/28/2025 9:15:43 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163001022624	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001022624	
SHIP TO		CARRIER NAME: XPO LOGISTICS	
Name: PEYTON'S PHOENIX 8035 Location #: 1191030 C/O ADVANTAGE LOGISTICS 348035 Address: 4302 W. BUCKEYE RD STE 105, City/State/Zip: PHOENIX, AZ 85043 CID#: _____ Dept: _____		Responsible Acct.No: _____ Trailer number: 4418200 Seal number(s): _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		9:00	9:20

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
31314	198	1266.88	Y N	
Grand Total	198	1266.88		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or allowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		28	ctns	252.84		Comforters, Bedspreads	49017	200
		75	ctns	435.60		Mattress Pads	149265	100
		95	ctns	578.44		Sheet Set & Pillowcase	49260-3	250
3		198		1416.88		Grand Total		

Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Freight, Inc. rules tariff. (see www.xpo.com)


301-191483 XPO

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.
 5/28/25

Trailer Loaded: **Freight Counted:**

By Shipper By Shipper

By Driver 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.
 XPO 5/28/25

Date: 8/25/2025 8:24:27 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163001064600	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR:		 (402)06757163001064600	
SHIP TO		CARRIER NAME: XPO LOGISTICS	
Name: PEYTONS MID SOUTH Location #: 1191030 120 KIRBY ROAD 348004 Address: WHSE #086, City/State/Zip: PORTLAND, TN 37148 CID#: Dept:		Responsible Acct No: Trailer number: 441-9109 Seal number(s):	
THIRD PARTY / FREIGHT CHARGES BILL TO		SCAC: CNWY	
Name: Address: City/State/Zip:		Dev Number: 191-824581 <small>Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract. If any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Freight, Inc. rules tariff. (see www.xpo.com)</small> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">191-824581 XPO</div> 	
SPECIAL INSTRUCTIONS:		unless marked otherwise) Prepaid: Collect: X 3rd Party:	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		2:00 ^{AM} <u>PM</u>	9:30 ^{AM} <u>PM</u>
		Driver Departure Time	9:45 ^{AM} <u>PM</u>

CUSTOMER/ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
73014	238	2950.87	Y N	
Grand Total	238	2950.87		

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 2(a) of NMFC Item 358</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		68	ctns	1793.72		Bath Towel, Beach Towel	49260-4	175
		23	ctns	260.49		Comforters, Bedspreads	49017	200
		18	ctns	158.58		Mattress Pads	149265	100
		129	ctns	738.08		Sheet Set & Pillowcase	49260-3	250
4		238		3150.87		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>
<p>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>	
<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>
<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.</p> <p><i>[Signature]</i> 8/25/25</p>	<p>Trailer Loaded: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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.</p> <p><i>[Signature]</i> 8/25/25</p>	



Tools ▾

Pay Invoice

New

Quote, Prepay & Ship

New Pickup

← Shipment Tracking

+ Track Your Shipment

New Quote

New Pickup

Actions	PRO #	Pickup Location	Progress	Delivery Location	Pickup Da... ▾	Est. Delivery ▾	Appt
⋮	191-824581	-	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="width: 20px; height: 2px; background-color: black;"></div> <div style="width: 20px; height: 2px; background-color: black;"></div> <div style="width: 20px; height: 2px; background-color: black;"></div> <div style="width: 20px; height: 2px; background-color: black;"></div> </div> <p>Delivered</p>	-	08/25/25	09/02/25	No

PRO: 191-824581



Picked Up

MON, 08/25 12:37 PM (PDT)

In Transit

FRI, 08/29 6:04 AM (CDT)

At Final Service Center


Delivered

MON, 07/28 2:00 PM (CDT)

Date: 7/21/2025 10:10:04 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	PEYTONS MID SOUTH
Address:	221 Hanson Way	Address:	120 KIRBY ROAD
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	PORTLAND, TN 37148
SID#:		CID#:	
PHONE:		Dept:	
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757163001051099		Trailer number: 5413102	
		Seal number(s):	
(402)06757163001051099		SCAC: CNWY	
CARRIER NAME: XPO LOGISTICS		Pro Number: 191825185	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: <input checked="" type="checkbox"/> 3rd Party:	
<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	
PM		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
69257	514	4305.98	Y N	
Grand Total	514	4305.98		

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 20(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			400.00		Pallet		
		182	ctns	2099.30		Comforters, Bedspreads	49017	200
		140	ctns	837.50		Mattress Pads	149265	100
		192	ctns	1369.18		Sheet Set & Pillowcase	49260-3	250
8		514		4705.98		Grand Total		

Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Freight, Inc. rules tariff. (see www.xpo.com)



191-825185

XPO

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.



Trailer Loaded:

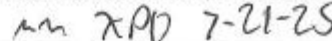
 By Shipper
 By Driver

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.



Date: 7/8/2025 11:19:51 AM

Bill Of Lading

Page 1 of 1

SHIP FROM					SHIP TO				
Name: E & E COMPANY LTD					Name: PEYTONS MID SOUTH Location #: 1191030				
Address: 221 Hanson Way					Address: 120 KIRBY ROAD Location #: 348004				
City/State/Zip: Woodland, CA 95776					City/State/Zip: PORTLAND, TN 37148				
SID#:					CID#:				
PHONE:					Dept:				
VENDOR:					FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757163001039448					CARRIER NAME: XPO LOGISTICS				
					Responsible Acct.No:				
(402)06757163001039448					Trailer number: 4419164				
CARRIAGE NAME: XPO LOGISTICS					Seal number(s):				
SCAC: CNWY					Pro Number: 191825664				
THIRD PARTY FREIGHT CHARGES BILL TO:					Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Name:					Prepaid: Collect: X 3rd Party:				
Address:					<input type="checkbox"/> Master Bill of Lading: with attached				
City/State/Zip:					(check box) underlying Bills of Lading				
SPECIAL INSTRUCTIONS:					Appointment Time		Actual Driver Arrival Time		Driver Departure Time
					AM		AM		AM
					PM		PM		PM
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO			
67950			154	1023.80	Y N				
Grand Total			154	1023.80					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stacking must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
2	Pallet			100.00		Pallet			
		16	ctns	214.88		Comforters, Bedspreads	49017	200	
		48	ctns	234.72		Sheet Set & Pillowcase	49260-3	250	
		90	ctns	574.20		Mattress Pads	149265	100	
2		154		1123.80		Grand Total			

Driver's signature acknowledges receipt of freight only.
 Received shipment is subject to terms of a written contract,
 if any, otherwise subject to the terms, conditions and
 limitations of liability set forth in XPO Freight,
 Inc. rules tariff. (see www.xpo.com)

191-825664

XPO



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).

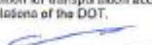
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper. If applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable 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.

 7/8/25

Trailer Loaded:

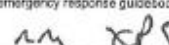
 By Shipper
 By Driver

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.

 7-8-25

Date: 6/9/2025 12:39:23 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163001027490	
Name: E & E COMPANY LTD		 (402)06757163001027490	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: XPO LOGISTICS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 563-3400	
VENDOR:		Seal number(s):	
FOB: <input type="checkbox"/>		SCAC: CNWY	
SHIP TO		Pro Number: 191-825045	
Name: PEYTONS MID SOUTH Location #: 1191030		 191-825045 XPO	
Address: 120 KIRBY ROAD Location #: 348004			
City/State/Zip: WHSE #086, PORTLAND, TN 37148		Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Freight, Inc. rules tariff. (see www.xpo.com)	
CID#:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Dept: FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Appointment Time: 2:00 AM	
Address:		Actual Driver Arrival Time: 12:30 PM	
City/State/Zip:		Driver Departure Time: 12:45 PM	
SPECIAL INSTRUCTIONS:			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
65289	238	1449.74	Y N	
Grand Total	238	1449.74		

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 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		28	ctns	288.04		Comforters, Bedspreads	49017	200
		84	ctns	480.60		Mattress Pads	149265	100
		126	ctns	681.10		Sheet Set & Pillowcase	49260-3	250
3		238		1599.74		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"/>	
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 <small>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.</small> [Signature] 6/9/25		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.</small> [Signature] XPO 6/9/25	
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	



Tools ▾

Pay Invoice

New

Quote, Prepay & Ship

New Pickup

← Shipment Tracking

+ Track Your Shipment

New Quote

New Pickup

Actions	PRO #	Pickup Location	Progress	Delivery Location	Pickup Da... ▾	Est. Delivery ▾	Appt
⋮	191-825045	-	<div style="width: 100%; height: 10px; background-color: #ccc; position: relative;"> <div style="width: 100%; height: 100%; background-color: #333; color: white; text-align: center; font-size: 8px;">Delivered</div> </div>	-	06/09/25	06/14/25	No

PRO: 191-825045



Picked Up

MON, 06/09 12:58 PM (PDT)

In Transit

FRI, 06/13 7:25 AM (CDT)

At Final Service Center

Delivered

SAT, 06/14 6:00 AM (CDT)

Date: 6/2/2025 11:42:20 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163001024895
Name:	E & E COMPANY LTD	 (402)06757163001024895
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		

VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: XPO LOGISTICS
		Responsible Acct.No:
SHIP TO		Trailer number: 541 4197
Name:	PEYTONS MID SOUTH Location #: 1191030	Seal number(s):
Address:	120 KIRBY ROAD 348004	SCAC: CNWY
City/State/Zip:	PORTLAND, TN 37148	Pro Number: 191 825023
CID#:		
Dept:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:		Prepaid: Collect: X 3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		(check box)

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		12-14 <input checked="" type="radio"/> AM <input checked="" type="radio"/> PM	11:25 <input checked="" type="radio"/> AM <input checked="" type="radio"/> PM	12:00 <input checked="" type="radio"/> AM <input checked="" type="radio"/> PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
64444	345	2374.08	Y N	
Grand Total	345	2374.08		

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 prepared as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 318.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		24	ctns	147.84		Mattress Pads	149265	100
		98	ctns	1016.94		Comforters, Bedspreads	49017	200
		223	ctns	1209.30		Sheet Set & Pillowcase	49260-3	250
4		345		2574.08		Grand Total		

Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract. If any other so subject to the terms, conditions and limitations of liability set forth in XPO Freight, Inc. rules tariff. (see www.xpo.com)

191-825023 

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: _____

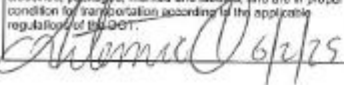
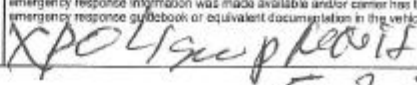
Fee Terms: Collect: Prepaid:

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 / DATE <small>This is to certify that the above named packages are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>  6/2/25	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 <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 subbook or equivalent documentation in the vehicle.</small>  6.2.25
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Tools ▾

Pay Invoice

New

Quote, Prepay & Ship

New Pickup

← Shipment Tracking

+ Track Your Shipment

New Quote

New Pickup

Actions	PRO #	Pickup Location	Progress	Delivery Location	Pickup Da... ↕	Est. Delivery ↕	Appt
⋮	191-825023	-	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="width: 25%; background-color: #ccc; height: 5px;"></div> <div style="width: 25%; background-color: #ccc; height: 5px;"></div> <div style="width: 25%; background-color: #ccc; height: 5px;"></div> <div style="width: 25%; background-color: #ccc; height: 5px;"></div> </div> <p>Delivered</p>	-	06/02/25	06/07/25	No

PRO: 191-825023



Picked Up

MON, 06/02 12:16 PM (PDT)

In Transit

FRI, 06/06 10:24 AM (CDT)

At Final Service Center


Delivered

SAT, 06/07 6:00 AM (CDT)

Date: 5/28/2025 8:58:40 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163001022617										
Name:	E & E COMPANY LTD	 (402)06757163001022617										
Address:	221 Hanson Way											
City/State/Zip:	Woodland, CA 95776	CARRIER NAME: XPO LOGISTICS										
SID#:		Responsible Acct.No:										
PHONE:		Trailer number: 4418200										
VENDOR:	FOB: <input type="checkbox"/>	Seal number(s):										
SHIP TO		SCAC: CNWY										
Name:	PEYTONS MID SOUTH Location #: 1191030	Pro Number: 301191494										
Address:	120 KIRBY ROAD 348004											
City/State/Zip:	WHSE #086, PORTLAND, TN 37148											
CID#:												
Dept:	FOB: <input type="checkbox"/>											
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:		<table border="1"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>AM</td> <td>9:20 AM</td> <td>9:20 AM</td> </tr> <tr> <td>PM</td> <td></td> <td>PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	9:20 AM	9:20 AM	PM		PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	9:20 AM	9:20 AM										
PM		PM										
SPECIAL INSTRUCTIONS:												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
63961	198	1232.18	Y N	
Grand Total	198	1232.18		

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 2(a) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		78	ctns	535.22		Sheet Set & Pillowcase	49260-3	250
		120	ctns	696.96		Mattress Pads	149265	100
2		198		1332.18		Grand Total		

Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Freight, Inc. rules tariff. (see www.xpo.com)



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.
 5/28/25

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Plac

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.
 HAN XPO 5/28/25



Tools ▾

Pay Invoice

New

Quote, Prepay & Ship

New Pickup

← Shipment Tracking

+ Track Your Shipment

New Quote

New Pickup

Actions	PRO #	Pickup Location	Progress	Delivery Location	Pickup Da... ▾	Est. Delivery ▾	Appt
⋮	301-191494	-	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div> <p>Delivered</p>	-	05/28/25	06/05/25	No

PRO: 301-191494



Picked Up

WED, 05/28 9:38 AM (PDT)

In Transit

WED, 06/04 11:50 PM (CDT)

At Final Service Center

Delivered

THU, 06/05 3:00 PM (CDT)

Date: 7/21/2025 10:00:47 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	PEYTON'S PHOENIX 8035
Address:	221 Hanson Way	Address:	C/O ADVANTAGE LOGISTICS
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	PHOENIX, AZ 85043
SID#:		CID#:	
PHONE:		Dept:	
VENDOR:		Location #:	1191030
			348035
		FOB:	<input type="checkbox"/>
		FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

Bill of Lading Number: 06757163001051105



(402)06757163001051105

CARRIER NAME: XPO LOGISTICS

Responsible Acct.No:

Trailer number: 5413102

Seal number(s):

SCAC: CNWY

Pro Number: 191825174

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

Prepaid: Collect: X 3rd Party:

 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	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
39437	324	2963.66	Y N	
Grand Total	324	2963.66		

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 insure safe transportation with ordinary care. See Section 2(a) of NMFC Item 340.</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
6	Pallet		300.00		Pallet		
		33	ctns	255.00	Mattress Pads	149265	100
		139	ctns	1054.50	Sheet Set & Pillowcase	49260-3	250
		152	ctns	1654.16	Comforters, Bedspreads	49017	200
6		324		3263.66	Grand Total		

Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract. If any otherwise subject to the terms, conditions and limitations of liability set forth in XPO Freight, Inc. rules tariff. (see www.xpo.com)



191-825174

XPO

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 rules or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rules, 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.

7/21/25

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets sold to consignee 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.

XPO 7-21-25

Date: 7/14/2025 9:47:08 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163001048150	
Name: E & E COMPANY LTD		 (402)06757163001048150	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: XPO LOGISTICS	
FOB: <input type="checkbox"/>		Responsible Acct.No:	
SHIP TO		Trailer number: 317-3658	
Name: PEYTON'S PHOENIX 8035 Location #: 1191030		Seal number(s):	
C/O ADVANTAGE LOGISTICS 348035		SCAC: CNWY	
Address: 4302 W. BUCKEYE RD STE 105,		Pro Number: 191825152	
City/State/Zip: PHOENIX, AZ 85043		 191-825152 XPO	
CID#:			
Dept: FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Freight, Inc. rules tariff. (see www.xpo.com)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time: 2:00 AM Actual Driver Arrival Time: 9:45 PM Driver Departure Time: 10:00 AM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
38460	66	454.53	Y N	
Grand Total		66	454.53	

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 2(a) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		54	ctns	360.45		Mattress Pads	149265	100
		12	ctns	94.08		Sheet Set & Pillowcase	49260-3	250
1		66		504.53		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: 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. [Signature] 7/14/25	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 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 mm XPO 7-14-25
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Date: 6/30/2025 1:18:09 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163001034603									
Name: E & E COMPANY LTD		 (402)06757163001034603									
Address: 221 Hanson Way											
City/State/Zip: Woodland, CA 95776		CARRIER NAME: XPO LOGISTICS									
SID#: _____		Responsible Acct.No: _____									
PHONE: _____		Trailer number: 541-3179									
VENDOR: _____		Seal number(s): _____									
SHIP TO		SCAC: CNWY									
Name: PEYTON'S PHOENIX 8035 Location #: 1191030		Pro Number: 191825093									
Address: C/O ADVANTAGE LOGISTICS 348035		 191-825093									
Address: 4302 W. BUCKEYE RD STE 105,											
City/State/Zip: PHOENIX, AZ 85043		Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Freight, Inc. rules tariff. (see www.xpo.com)									
CID#: _____		XPO									
Dept: _____		Unless marked otherwise)									
THIRD PARTY FREIGHT CHARGES BILL TO:											
Name: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____									
Address: _____		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading									
City/State/Zip: _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Appointment Time</td> <td style="width:25%;">Actual Driver Arrival Time</td> <td style="width:25%;">Driver Departure Time</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">1:10 AM</td> <td style="text-align: center;">1:35 <input checked="" type="checkbox"/> PM</td> <td style="text-align: center;">AM PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time		AM PM	1:10 AM	1:35 <input checked="" type="checkbox"/> PM	AM PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time									
AM PM	1:10 AM	1:35 <input checked="" type="checkbox"/> PM	AM PM								
SPECIAL INSTRUCTIONS: _____											

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
36357	46	282.63	Y N	
Grand Total	46	282.63		

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 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	21.93		Sheet Set & Pillowcase	49260-3	250
		37	ctns	260.70		Mattress Pads	149265	100
1		46		332.63		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"/>		
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. <i>[Signature]</i> 6/30/25	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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 <i>[Signature]</i> 6/30/25			



Tools ▾

Pay Invoice

New

Quote, Prepay & Ship

New Pickup

← Shipment Tracking

+ Track Your Shipment

New Quote

New Pickup

Actions	PRO #	Pickup Location	Progress	Delivery Location	Pickup Da... ▾	Est. Delivery ▾	Appt
⋮	191-825093	-	<div style="display: flex; justify-content: space-between; width: 100px;"> <div style="width: 20px; height: 2px; background-color: black;"></div> <div style="width: 20px; height: 2px; background-color: black;"></div> <div style="width: 20px; height: 2px; background-color: black;"></div> <div style="width: 20px; height: 2px; background-color: black;"></div> </div> <p>Delivered</p>	-	06/30/25	07/03/25	No

PRO: 191-825093



Picked Up

MON, 06/30 1:40 PM (PDT)

In Transit

TUE, 07/01 6:39 PM (MDT)

At Final Service Center

THU, 07/03 4:42 PM (MDT)

Delivered

THU, 07/03 6:06 PM (CDT)