

Carlos Reynolds
 To: Kathy Ramirez; Amanda Frey; Maria Garcia; Alex Gonzalez; JLAHome Distribution Group; Ping Gao

Reply Reply all Forward Wed 2/25/2026 11:14 AM

You replied on Wed 2/25/2026 7:41 PM View conversation

Kathy,
 I got this report showing we physically loaded on a pallet. It is a question on our RF guns that our shipping drivers have to mark if it is physically on pallets.

Results		Messages				
	PhysicalPalletCount	LoadWithPhysicalPallet	LoadNo	ShipmentNo	SI	
1	2	1	91824624	300110939	F	



SHIP8 INC.
 Carlos Reynolds
 Operation Manager
 2222 East Beamer St.
 Woodland, CA 95776

530.669.5991 x 102

Notes	Shipment No.	BOL No.	MBOL	Status	Customer	Location	Door	Ship To	Total Ctns	Ctns Palletized	Ctns With Tracking No.	Total Pts	Ship Date	Cust. PO No.	Carrier	Ship Method	Freight Term	Pro Number	Trailer Number	Seal Number	Load Number
	300110938	06757163001109387	06757163001109400	Completed	WALMARTWHS	WDC	136	6561A	1439	1439	0	28	12/10/2025	5537576003	WAL-MART FLEET	TL	Collect		153782	69894631	91824624
	300110939	06757163001109394	06757163001109400	Completed	WALMARTWHS	WDC	136	6561R	44	44	0	1	12/10/2025	9521647405	WAL-MART FLEET	TL	Collect		153782	69894631	91824624

E&E SO No.	Customer PO No.	Ship To	In DC Date	Extension Date	PO Type
75663962	5537576003	6561A	12/12/2025		0033
75663958	9521647405	6561R	12/12/2025		0020

Date: 12/10/2025 7:23:38 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163001109400				
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>						
SHIP TO		CARRIER NAME: WAL-MART FLEET				
Name: Wal-Mart DC 6561A-ASM DIS DC#: 6561A Div. _____ Address: 1600 Agua Mansa Road 6561A City/State/Zip: Colton, CA 92324 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 153782 Seal number(s): 69894631 SCAC: WALM Pro Number: _____				
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:				
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>				
SPECIAL INSTRUCTIONS: Load #: 91824624		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING				
		Appointment Time: _____	Actual Driver Arrival Time: _____			
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9521647405	44	535.92	Y N	06757163001109394	6561R	
5537576003	1439	14636.84	Y N	06757163001109387	6561A	
Grand Total		1483	15172.76			

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(e) of NMFC Item 350.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
29	Pallet			1450.00		Pallet		70
		1183	ctns	14503.16		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
		300	ctns	669.60		Sheet Set & Pillowcase	49260-3	250
29				16622.76		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. <p style="text-align: right;">Shipper Signature</p>
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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: 29 <u>12/10/25</u>	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.
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