Date: 12/11/2025 12:14:56 PM

Master Bill Of Lading

SHIP FROM

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

Master Bill of Lading Number: 06757168001622218

SHIP TO

Name: Wal-Mart DC 7035A-ASM DIS
DC#: 7035A
Div.
Address: 18815 NW 115 Avenue
7035A
City/State/Zip: Alachua, FL 32615
SID#:
FOB: ☐

CARRIER NAME: WAL-MART FLEET
Trailer number: 161496
Seal number(s): 69480461
SCAC: WALM
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

Freight Charge Terms:
Prepaid: ☐ Collect: ☒ 3rd Party: ☐

☒ (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
Load #: 91832636

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1100 AM PM	1048 AM PM	1214 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
1431604863	705	7960.82	Y	N	06757168001622027	7035A	
9031128906	410	1639.45	Y	N	06757168001622065	7035A	
1431604864	252	3717.94	Y	N	06757168001622041	7035A	
3508528031	44	535.92	Y	N	06757168001622058	7035R	
Grand Total	1411	13874.13					

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION (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 360)	LTL ONLY NMFC #	LTL ONLY CLASS
915	ctns			12073.86		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
410	ctns			1639.45		Panels, Valances	49260-4	175
86	ctns			160.82		Sheet Set & Pillowcase	49260-3	250
1411				13874.13		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.

Total Pallet:32 KW 12/11/25

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.

12/11/25

Date: 12/11/2025 12:14:50 PM

Bill Of Lading

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: 06757168001622027

(402)06757168001622027

SHIP TO

Name: Wal-Mart DC 7035A-ASM DIS Location #: 7035A
Address: 18815 NW 115 Avenue
7035A
City/State/Zip: Alachua, FL 32615
CID#: FOB: ☐
Dept: 00022

CARRIER NAME: WAL-MART FLEET
Trailer number: 161498
Seal number(s): 69480451

SCAC: WALM
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** X **3rd Party**

SPECIAL INSTRUCTIONS:
Load #: 91832636

☐ (check box) 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	Plts 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
1431604863	705	16	7980.82	Y	N	12/13/2025	7035A	0033	00022	
GRAND TOTAL	705	16	7980.82							

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 360	NMFC #	CLASS
619	ctns			7820.00		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
86	ctns			160.82		Sheet Set & Pillowcase	49260-3	250
705				7980.82		**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.

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. *Property described above is received in good order, except as noted.*