Date: 12/5/2025 10:03:48 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM

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

SHIP TO

Name: Consolidation Dock 7101 DC#: 7101 Div.
Address: 1200 Mason Dixon Ln 7101
City/State/Zip: Conley, GA 30288
SID#: FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 42052839

Master Bill of Lading Number: 06757168001616712

CARRIER NAME: WESTERN EXPRESS

Trailer number: 100077
Seal number(s): 69480583

SCAC: WSXI
Pro Number:

Freight Charge Terms:

Prepaid: ☐ Collect: ☒ 3rd Party: ☐

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1300 AM PM	0856 AM PM	1003 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
1032931902	414	4591.36	Y	N	06757168001616590	6038A	
3758527525	44	535.92	Y	N	06757168001616637	6038R	
4658527166	132	1607.76	Y	N	06757168001616606	6094R	
4808527235	176	2143.68	Y	N	06757168001616620	6039R	
5033091701	337	3527.34	Y	N	06757168001616613	6094A	
9737841764	405	4586.95	Y	N	06757168001616583	6039A	
Grand Total	1508	16993.01					

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
1309	ctns			16603.39		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
199	ctns			389.62		Sheet Set & Pillowcase	49260-3	250
1508				16993.01		**Grand Total**		

Where the rate is dependent on value, shippers are required to stated 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: 33 12/5/25

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.

TCHH

Date: 12/5/2025 10:03:35 AM

Bill Of Lading

SHIP FROM

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

SHIP TO

Name: Wal-Mart DC 6038A-ASM DIS Location #: 6038A
Address: 8827 Old River Road
6038A
City/State/Zip: Marcy, NY 13403
CID#:
FOB: ☐
Dept: 00022

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 42052839

Bill of Lading Number: 06757168001616590

(402)06757168001616590

CARRIER NAME: WESTERN EXPRESS
Trailer number: 100077
Seal number(s): 69480583

SCAC: WSXI
Pro Number:

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

Prepaid Collect X 3rd Party

☐ (check box) Master Bill of Lading: with attached 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	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
1032931902	414	9	4591.36	Y	N	12/16/2025	6038A	0033	00022	
GRAND TOTAL	414	9	4591.36							

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT	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
341	ctns			4444.80		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
73	ctns			146.56		Sheet Set & Pillowcase	49260-3	250
414				4591.36		GRAND TOTAL		

Where the rate is dependent on value, shippers are required to stated 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.*