Date: 10/7/2025 12:35:39 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: 067571680015706 37

SHIP TO

Name: Consolidation Dock 7101
DC#: 7101
Div.

Address: 1200 Mason Dixon Ln 7101
City/State/Zip: Conley, GA 30288
SID#:
FOB: ☐

CARRIER NAME: USA Truck Inc
Trailer number: 246497
Seal number(s): 69480278
SCAC: USIT
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 #: 41202197

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
13:00 AM PM	11:24 AM PM	12:35 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
6882352741	295	4366.84	Y	N	067571680015706 70	6054A	
2883820375	482	6785.94	Y	N	067571680015706 49	6048A	
1283730541	358	5681.73	Y	N	067571680015706 56	6011A	
5537302468	172	2628.60	Y	N	067571680015706 63	6027A	
Grand Total	1307	19463.11					

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
1291	ctns			19387.25		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
~~16~~	~~ctns~~			~~75.86~~		~~Sheet Set & Pillowcase~~	~~49260-3~~	~~250~~
1307				19463.11		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:34 10/7/25

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.

Date: 10/7/2025 12:35:34 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: ☐

SHIP TO

Name: Wal-Mart DC 6011A - ASM DIS Location #: 6011A
Address: 2200 Manufacturers Boulevard NE
6011A
City/State/Zip: Brookhaven, MS 39601
CID#: FOB: ☐
Dept: 00022

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

Bill of Lading Number: 06757168001570656

(402)06757168001570656

CARRIER NAME: USA Truck Inc
Trailer number: 246497
Seal number(s): 69490278

SCAC: USIT
Pro Number:

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

Prepaid Collect X 3rd Party

SPECIAL INSTRUCTIONS:
Load #: 41202197

☐ (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
1283730541	358	9	5681.73	Y	N	10/12/2025	6011A	0033	00022	
GRAND TOTAL	358	9	5681.73							

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
356	ctns			5670.73		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
2	ctns			11.00		Sheet Set & Pillowcase	49260-3	250
358				5681.73		**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.*