

Date: 12/11/2025 2:22:53 PM

Master Bill Of Lading


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SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Consolidation Dock 7101	Name:	
Address:	311 International Trade Pkwy	DC#: 7101		Address:	
City/State/Zip:	Port Wentworth, GA 31407	Div.		City/State/Zip:	
SID#:				SID#:	
Master Bill of Lading Number: 06757168001622225		CARRIER NAME: USA Truck Inc		Freight Charge Terms:	
FOB: <input type="checkbox"/>		Trailer number: 118087		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
		Seal number(s): 7 3105296		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		SCAC: USIT		Appointment Time: 1:00 AM Actual Driver Arrival Time: 11:46 AM Driver Departure Time: 2:22 PM	
		Pro Number:			
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
4108527379	88	1071.84	Y N	06757168001622126	6066R
1982852199	534	6125.82	Y N	06757168001622096	6066A
2983461201	569	6812.98	Y N	06757168001622102	6018A
4158526809	176	2143.68	Y N	06757168001622089	6018R
Grand Total	1367	16154.32			
CARRIER INFORMATION					
HANDLING UNIT	PACKAGE	WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTN ONLY
QTY	QTY TYPE			<small>Commodities requiring special or extra care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 206 of H.M.F.C. Form 200.</small>	NMFC # CLASS
1255	ctns	15953.05		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3 250
112	ctns	201.27		Sheet Set & Pillowcase	49260-3 250
1367		16154.32		Grand Total	
<small>When 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 _____.</small>				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).					
<small>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.</small>				<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>	
SHIPPER SIGNATURE / DATE				SHIPPER SIGNATURE	
<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>				<small>Carrier acknowledges receipt of packages and required papers. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>	
Total Pallets: 31 J.C. 12/11/25				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 sold to contain <input type="checkbox"/> By Driver/Pieces	
				CARRIER SIGNATURE / PICKUP DATE Signature: [Handwritten] 12/11/25	

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Bill Of Lading

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SHIP FROM		Bill of Lading Number: 06757168001622096
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>		 (402)06757168001622096
SHIP TO		
Name: Wal-Mart DC 6066A-ASM DIS Location #: 6066A Address: 690 Crenshaw Blvd 6066A City/State/Zip: Hopkinsville, KY 42240 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022		CARRIER NAME: USA Truck Inc Trailer number: 118087 Seal number(s): 7 3105296 SCAC: USIT Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
Name: Address: City/State/Zip:		Prepaid	Collect <input checked="" type="checkbox"/> 3rd Party

SPECIAL INSTRUCTIONS: Load #: 42150021		<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	AM	AM
PM	PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts 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
1982852199	534	12	6125.82	Y	N	12/15/2025	6066A	0033	00022	
GRAND TOTAL	534	12	6125.82							

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 201 of NMFC Item 305</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
470	ctns			6013.08		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250		
64	ctns			112.74		Sheet Set & Pillowcase	49260-3	250		
534				6125.82		GRAND TOTAL				

<p><small>When the rate is dependent on a 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 _____</small></p>	<p>COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/></p>
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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).

<p>RECEIVED, subject to individually delivered notes 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>	<table border="0"> <tr> <td>Trailer Loaded:</td> <td>Freight Counted:</td> </tr> <tr> <td><input checked="" type="checkbox"/> By Shipper</td> <td><input checked="" type="checkbox"/> By Shipper</td> </tr> <tr> <td><input type="checkbox"/> By Driver</td> <td><input type="checkbox"/> By Driver/pallets sold to contain</td> </tr> <tr> <td></td> <td><input type="checkbox"/> By Driver/Pieces</td> </tr> </table>	Trailer Loaded:	Freight Counted:	<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper	<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets sold to contain		<input type="checkbox"/> By Driver/Pieces
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<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets sold to contain								
	<input type="checkbox"/> By Driver/Pieces								
<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. Property described above is received in good order, except as noted.</p>									