

Date: 9/19/2025 11:14:59 AM

Master Bill Of Lading

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| SHIP FROM | | Master Bill of Lading Number: 06757168001555318 |
|-----------------|-------------------------------|---|
| Name: | E & E COMPANY LTD | |
| Address: | 311 International Trade Pkwy | |
| City/State/Zip: | Port Wentworth, GA 31407 | |
| SID#: | FOB: <input type="checkbox"/> | |

| SHIP TO | | CARRIER NAME: WESTERN EXPRESS |
|-----------------|-------------------------------|-------------------------------|
| Name: | Consolidation Dock 7101 | Trailer number: 140615 |
| | DC#: 7101 | Seal number(s): 69480281 |
| | Div. | SCAC: WSXI |
| Address: | 1200 Mason Dixon Ln | Pro Number: |
| | 7101 | |
| City/State/Zip: | Conley, GA 30288 | |
| SID#: | FOB: <input type="checkbox"/> | |

| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: |
|--------------------------------------|--|--|
| Name: | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> |
| Address: | | |
| City/State/Zip: | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING |
| SPECIAL INSTRUCTIONS: | | Appointment Time Actual Driver Arrival Time Driver Departure Time |
| Load #: 40939544 | | AM PM AM PM AM PM |

| CUSTOMER ORDER INFORMATION | | | | | | |
|----------------------------|-------------|-----------------|-------------------------|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 1431604388 | 35 | 507.48 | Y N | 06757168001555219 | 7035A | |
| 1431604387 | 207 | 2695.47 | Y N | 06757168001555226 | 7035A | |
| 9031127994 | 402 | 1630.60 | Y N | 06757168001555240 | 7035A | |
| 9782212676 | 274 | 3574.07 | Y N | 06757168001555196 | 6043A | |
| 2983460831 | 272 | 3584.51 | Y N | 06757168001555233 | 6018A | |
| 1032931525 | 396 | 5137.92 | Y N | 06757168001555202 | 6038A | |
| Grand Total | 1586 | 17130.05 | | | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|------|---------|------|------------|----------|---|----------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | 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 2(a) of NMFC Item 300. | NMFC # | CLASS |
| 1184 | ctns | | | 15499.45 | | Comforters, Bedspreads | 49017 | 200 |
| 402 | ctns | | | 1630.60 | | Panels, Valances | 49260-4 | 175 |
| | | | | | | | | |
| | | | | | | | | |
| 1586 | | | | 17130.05 | | 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 _____ | COB-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).

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, or 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 / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transport according to the applicable regulations of the DOT. Total Pallets: 38 9/19/25 | 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 Carrier acknowledges receipt of packages and sealed placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Shipper Signature |
|---|--|--|--|

