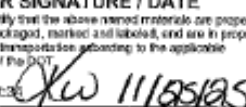



Date: 11/25/2025 1:40:35 PM

## Master Bill Of Lading

Page 1 of 1

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	Div.	Address:	
City/State/Zip:	Port Wentworth, GA 31407			City/State/Zip:	Conley, GA 30288
SID#:		DC#:		SID#:	
FOB:	<input type="checkbox"/>	DC#:		FOB:	<input type="checkbox"/>
Master Bill of Lading Number: 06757168001609349		CARRIER NAME: USA Truck Inc		Freight Charge Terms:	
		Trailer number: 535769		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
		Seal number(s): 69480475		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		SCAC: USIT		Appointment Time: 1300 AM/PM Actual Driver Arrival Time: 1230 AM/PM Driver Departure Time: 1340 AM/PM	
		Pro Number:			
SPECIAL INSTRUCTIONS: Load #: 41938730					
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
4858527355	88	1071.84	Y N	06757168001609349	6006R
4558527688	44	535.92	Y N	06757168001609356	6040R
3533091788	379	4180.45	Y N	06757168001609363	7038A
4713328559	44	535.92	Y N	06757168001609318	6011R
6132542505	238	2767.94	Y N	06757168001609325	6006A
1283730786	321	3678.17	Y N	06757168001609370	6011A
7882702265	257	2953.27	Y N	06757168001609332	6040A
<b>Grand Total</b>	1371	15703.51			
CARRIER INFORMATION					
HANDLING UNIT	PACKAGE	WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE	<small>Commodity description requiring special or additional care or attention in handling or stowage must be so marked on all packages as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC box 309.</small>	NMFC # CLASS
1279	ctns	15535.80		Comforters, Bedspreads Sub 3 - 2 but less than 4	49280-3 250
92	ctns	167.71		Sheet Set & Pillowcase	49280-3 250
1371		15703.51		<b>Grand Total</b>	
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 _____				<b>COD Amount \$</b> <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b>					
RECEIVED, subject to individually determined rules or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rules, classifications and rates 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 the freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE		Trailer Loaded:		CARRIER SIGNATURE / PICKUP 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.		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency contact information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  11/25/25  11/25/25	
Total Pallets: 36		Freight Counted:			
		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver (pallets sold to contain) <input type="checkbox"/> By Driver/Pieces			

