

Date: 12/23/2025 7:06:56 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163001114831	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart DC 6561A-ASM DIS	DC#:	6561A
		Div.:	
Address:	1600 Agua Mansa Road 6561A	Trailer number:	163807
		Seal number(s):	69894683
City/State/Zip:	Colton, CA 92324	SCAC:	WALM
SID#:		Pro Number:	
		FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
Lead #: 91951246		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
5537576171	1980	12181.20	Y	N	06757163001114817	6561A	
9521647436	440	5359.20	Y	N	06757163001114824	6561R	
Grand Total	2420	17540.40					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation and ordinary care. See Section 2(a) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1280	ctns			16046.40		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
1140	ctns			1494.00		Sheet Set & Pillowcase	49260-3	250
2420				17540.40		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).


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 / 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: 32	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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. <i>Steve Harrison</i> 12/23/25
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Date: 12/23/2025 7:06:55 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163001114817
Name: E & E COMPANY LTD		 (402)06757163001114817
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 6561A-ASM DIS	Location #: 6561A	Trailer number: 163807
Address: 1600 Agua Mansa Road		Seal number(s): 69894683
6561A		SCAC: WALM
City/State/Zip: Colton, CA 92324		Pro Number:
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00022		

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

SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Load #: 91951246		Appointment Time	Actual Driver Arrival Time
		AM	AM
		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
5537576171	1980	22	12181.20	Y	N	12/25/2025	6561A	0033	00022	
GRAND TOTAL	1980	22	12181.20							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>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 300</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
840	ctns			10687.20		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3		250
1140	ctns			1494.00		Sheet Set & Pillowcase	49260-3		250
1980				12181.20		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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).

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 / 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: <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 said to contain <input type="checkbox"/> By Driver/Pieces
SHIPPER SIGNATURE _____		

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.
CARRIER SIGNATURE _____