

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163001067250	
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>221 Hanson Way</b> City/State/Zip: <b>Woodland, CA 95776</b> SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		<b>CARRIER NAME: HUB CITY GROUP</b>	
Name: <b>HUBGROUP FONTANA CROSSDOCK</b> DC#: _____ Div. _____ Address: <b>13204 Philadelphia Ave</b> City/State/Zip: <b>FONTANA, CA 92337</b> SID#: _____ FOB: <input type="checkbox"/>		Trailer number: <b>5323</b> Seal number(s): <b>69894143</b> SCAC: <b>HGLS</b> Pro Number: <b>14239471401</b>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> Load #: 5031054792		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b> (check box)	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
271YG7	15	211.35	Y N	06757163001067052	96500	
271YQ4	22	309.98	Y N	06757163001067113	96700	
271YV4	25	82.51	Y N	06757163001067144	96800	
271X45	11	154.99	Y N	06757163001066871	96000	
271XQ7	27	80.19	Y N	06757163001066949	96130	
271XV3	15	211.35	Y N	06757163001066970	96150	
271XX5	7	98.63	Y N	06757163001066994	96160	
271XL6	14	41.58	Y N	06757163001066925	96120	
271XV9	35	115.75	Y N	06757163001066987	96150	
271Y59	10	140.90	Y N	06757163001067014	96170	
271YH1	25	81.92	Y N	06757163001067069	96500	
271YK8	8	112.72	Y N	06757163001067083	96590	
271YY3	27	87.27	Y N	06757163001067175	96910	

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> _____
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, 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.

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>SHIPPER SIGNATURE</b> _____ _____ <b>CARRIER SIGNATURE / PICKUP DATE</b> 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.
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# MASTER BILL OF LADING

RECEIVED, subject to individually determined rules or contracts (if any) that govern the use of the carrier and shipper, if applicable, otherwise to the rules, regulations and tariffs that have been established by the carrier and are available to the shipper, or request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the B/L and Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

The carrier shall not make delivery of the cargo and will be responsible for the cargo and all other losses, damages, and expenses.

**SHIPPER SIGNATURE / DATE**

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

*Artemus O*

8/29/25

Trailer Loaded:  By Shipper  By Driver  
 Freight Counted:  By Shipper  By Driver/Driver's aid to count  By Driver/Plants

**CARRIER SIGNATURE / PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency contact information was made available and to carrier has the DOT emergency response.

Property described above is received in good order, except as noted.

*X [Signature]* 08-29-25

<b>SHIPPER</b>					<b>BILL OF LADING :5031054792</b>		
Name: E E DO LTD Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776					ORDER # : 1038319_JAC705649855  PO: 271XR7-01 CR: JAC705649855 Customer Ship to Location: D6140		
<b>CONSIGNEE</b>					<b>CARRIER</b>		
Name: JACKSON DISTRIBUTION CENTER Address: 200 JACKSON RD City/State/Zip: JACKSON GA 30233					CARRIER NAME:HUB HIGHWAY SERVICES SCAC:HHWY PRO NUMBER: 14239471401		
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>					<b>FREIGHT CHARGE TERMS</b>		
Name: DOLLAR GENERAL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>		
<b>CUSTOMER</b>							
PO	PALLETS	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST
271XR7-01	1	8	74	115	NMFC_CLASS	500.0	JACKSON
PALLET TYPE							
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 _____ or _____.					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)							

Order No.: 74530165 Order Date: 08/19/2025 Customer: DOLGEN - JONESVILLE DC Customer PO No.: 271YY3

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> DOLLAR GENERAL CORPORATION CO.111 100 MISSION RIDGE GOODLETTSVILLE, TN 37072 US	<b>SHIP TO:</b> DOLGEN - JONESVILLE DC 1451 SPARTANBURG HWY JONESVILLE, SC 29353 US	<b>Shipping Date:</b> 08/29/2025  <b>Shipment No.:</b> 300106717
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
18714102	DG21-330	022164388282	Std Microfiber Pillowcase	EA	12	144	12	144	12
14077401	DG90-332	430000387892	Microfiber Pillow Protector	EA	12	180	15	180	15

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<b>Total Weight:</b>	<b>87.27</b>
<b>Total Quantity Ordered:</b>	<b>324</b>
<b>Total Cartons Ordered:</b>	<b>27</b>
<b>Total Quantity Shipped:</b>	<b>324</b>
<b>Total Cartons Shipped:</b>	<b>27</b>