

Date: 1/27/2026 9:57:10 AM

Bill Of Lading

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SHIP FROM		Bill of Lading Number: 06757163001125301
Name:	E & E COMPANY LTD	 (402)06757163001125301
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: US Xpress
Name:	Wal-Mart DC 6561A-ASM DIS Location #: 6561A	Trailer number: 910453
Address:	1600 Agua Mansa Road	Seal number(s): 69894799
	6561A	
City/State/Zip:	Colton, CA 92324	SCAC: USXI
CID#:		Pro Number:
Dept:	00022	
FOB: <input type="checkbox"/>		

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:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Load #: 42783539		(check box)	
Appointment Time	Actual Driver Arrival Time	Driver Departure Time	
10:00 AM	9:10 AM	10:10 AM	

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pits 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
5537576485	4077	30	16388.08	Y	N	01/28/2026	6561A	0033	00022	
GRAND TOTAL	4077	30	16388.08							

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(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
30	Pallet			1500.00		Pallet		
		897	ctns	11595.88		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
		3180	ctns	4792.20		Sheet Set & Pillowcase	49260-3	250
30		4077		17888.08		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: This 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"/>

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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>[Signature]</i> 1/27/26	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	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 placard & equivalent documentation in the vehicle. Property described herein is received in good order, except as noted. <i>[Signature]</i> 1/27/26
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