Date: 12/29/2025 12:19:23 PM

Master Bill Of Lading

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SHIP FROM

Name: E & E COMPANY LTD
Address: 311 International Trade Pkwy
City/State/Zip: Port Wentworth, GA 31407
SID#: FOB: ☐

SHIP TO

Name: Consolidation Dock 7101 DC#: 7101 Div.
Address: 1200 Mason Dixon Ln 7101
City/State/Zip: Conley, GA 30288
SID#: FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 42324366

Master Bill of Lading Number: 06757168001629712

CARRIER NAME: WESTERN EXPRESS

Trailer number: 140138
Seal number(s): 73105294

SCAC: WSXI
Pro Number:

Freight Charge Terms:

Prepaid: ☐ Collect: ☒ 3rd Party: ☐

☒ (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1100 AM PM	1115 AM PM	12/30 0847 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
2958528252	44	535.92	Y	N	06757168001629538	6020R	
4658527199	88	1071.84	Y	N	06757168001629514	6094R	
5033091782	355	2882.36	Y	N	06757168001629507	6094A	
4333201626	644	6054.08	Y	N	06757168001629521	6020A	
5537302863	545	5289.17	Y	N	06757168001629699	6027A	
Grand Total	1676	15833.37					

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION (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 360)	LTL ONLY NMFC #	LTL ONLY CLASS
1180	ctns			15086.38		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
496	ctns			766.99		Sheet Set & Pillowcase	49260-3	250
1676				15833.37		Grand Total		

Where the rate is dependent on value, shippers are required to stated 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: ☐ Prepaid: ☐
Customer check acceptable: ☐

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

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:34 12/29/25

Trailer Loaded:
☒ By Shipper
☐ By Driver

Freight Counted:
☒ By Shipper
☐ By Driver/pallets said to contain
☐ 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.

SHIPPED DATE: 12/29/2025

MUST DELIVERED BY DATE: 12/31/2025