

SHIP FROM		Master Bill of Lading Number: 06757168001662214
Name:	E & E COMPANY LTD	
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WESTERN EXPRESS
Name:	Consolidation Dock 7101	Trailer number: 200996
	DC#: 7101	Seal number(s): 73105141
	Div.	SCAC: WSXI
Address:	1200 Mason Dixon Ln	Pro Number:
	7101	
City/State/Zip:	Conley, GA 30288	
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED
City/State/Zip:		(check box) UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time
Load #: 43181230		Actual Driver Arrival Time
		Driver Departure Time
		1300 AM PM 1243 AM PM 1348 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
5033091990	611	4744.76	Y	N	06757168001662160	6094A	
8882353350	495	4558.03	Y	N	06757168001662146	6054A	
3808528523	88	1071.84	Y	N	06757168001662115	6054R	
4713326654	44	535.92	Y	N	06757168001662153	6011R	
4658527272	88	1071.84	Y	N	06757168001662122	6094R	
1283731110	493	4965.32	Y	N	06757168001662139	6011A	
Grand Total	1819	16947.71					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention in handling or stowing must be so marked and packaged as to exclude such transportation with ordinary care. See Section 2(a) of NMFC Item 200.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1269	ctns			16106.18		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
550	ctns			841.53		Sheet Set & Pillowcase	49260-3	250
1819				16947.71		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: 33 <i>[Signature]</i>	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 guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 02-25-26
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SHIPPED DATE: 2/25/2026

MUST DELIVERED BY DATE: 3/1/2026