

SHIP FROM		Master Bill of Lading Number: 06757168001680157	
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: WAL-MART FLEET	
Name:	Consolidation Dock 7101	DC#:	7101
		Div.:	
Address:	1200 Mason Dixon Ln 7101	Trailer number:	168499
		Seal number(s):	73105168
City/State/Zip:	Conley, GA 30288	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	
Load #:	92693292	Appointment Time	Actual Driver Arrival Time
		<i>Preload</i> AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1431605402	557	2587.09	Y	N	06757168001680010	7035A	
1431605403	14	205.41	Y	N	06757168001680027	7035A	
2082003958	623	3194.76	Y	N	06757168001680034	6024A	
2833391724	387	2641.88	Y	N	06757168001680041	6023A	
3508528182	44	535.92	Y	N	06757168001680058	7035R	
4058527259	44	535.92	Y	N	06757168001680065	6023R	
4658527312	44	535.92	Y	N	06757168001680072	6094R	
5033092147	369	1563.22	Y	N	06757168001680096	6094A	
8882353563	545	3925.81	Y	N	06757168001680102	6054A	
9334770024	193	752.23	Y	N	06757168001680119	7035A	
Grand Total	2820	16478.16					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1034	ctns			13434.01		Comfortors, Bedspreads Sub 3 - 2 but less than 4	49260-3	250

When 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"/>

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, sealed and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 33 <i>KW 3/20/26</i>	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 repaired packages. 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> 3-20-26
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SHIPPED DATE: 3/20/2026

MUST DELIVERED BY DATE: 3/24/2026