Date: 3/2/2026 2:00:20 PM

Master Bill Of Lading

SHIP FROM

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

Master Bill of Lading Number: 06757168001669008

SHIP TO

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

CARRIER NAME: WESTERN EXPRESS
Trailer number: 310440
Seal number(s): 73105119
SCAC: WSXI
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

Freight Charge Terms:
Prepaid: ☐ Collect: ☒ 3rd Party: ☐

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

SPECIAL INSTRUCTIONS:
Load #: 43337793

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1:00 AM PM	12:40 AM PM	2:00 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
1283731180	766	7090.97	Y	N	06757168001668988	6011A	
2732074124	1019	8985.34	Y	N	06757168001668995	6017A	
3458528017	44	535.92	Y	N	06757168001668971	6017R	
Grand Total	1829	16612.23					

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
1196	ctns			15624.56		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
633	ctns			987.67		Sheet Set & Pillowcase	49260-3	250
1829				16612.23		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 32 JC 3/2/26

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: 3/2/2026

MUST DELIVERED BY DATE: 3/6/2026