Date: 1/5/2026 2:33:50 PM

Master Bill Of Lading

Page 1 of 1

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 #: 42408808

Master Bill of Lading Number: 06757168001634730

CARRIER NAME: WESTERN EXPRESS

Trailer number: 340103
Seal number(s): 73105268 (Ky)

SCAC: WSXI
Pro Number: ~~73105268~~ (Pro)

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
0900 AM/PM	1259 AM/PM	1433 AM/PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
2532423010	835	4499.14	Y	N	06757168001634174	6030A	
3708528381	88	1071.84	Y	N	06757168001634181	6030R	
2833391393	997	8146.29	Y	N	06757168001634198	6023A	
5537302886	489	3248.63	Y	N	06757168001634167	6027A	
Grand Total	2409	16965.90					

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
1211	ctns			15134.32		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
1198	ctns			1831.58		Sheet Set & Pillowcase	49260-3	250
2409				16965.90		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: ☐ 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:33 KW 1-5-26

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.

Grace Carter

SHIPPED DATE: 1/5/2026

MUST DELIVERED BY DATE: 1/10/2026