

SHIP FROM		Master Bill of Lading Number: 06757168001629058	
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	DC#:	7101
		Div.	
Address:	1200 Mason Dixon Ln 7101	Trailer number:	130050
City/State/Zip:	Conley, GA 30288	Seal number(s):	69480455
SID#:	FOB: <input type="checkbox"/>	SCAC:	WSXI
THIRD PARTY FREIGHT CHARGES BILL TO:		Pro Number:	
Name:	Freight Charge Terms:		
Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
City/State/Zip:	<input checked="" type="checkbox"/> MASTER BILL OF LADING: WITH ATTACHED UNDERLYING BILLS OF LADING		
SPECIAL INSTRUCTIONS:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 42313079	1000 AM	0845 AM	0941 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
2082003590	1183	7958.98	Y	N	06757168001628944	6024A	
4158526822	132	1607.76	Y	N	06757168001628975	6018R	
3008528318	88	1071.84	Y	N	06757168001628951	6024R	
2983461259	734	6029.93	Y	N	06757168001628968	6018A	
Grand Total	2137	16668.51					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling shall be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(b) of NMFC Rate 302.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1210	ctns			15352.98		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
927	ctns			1315.53		Sheet Set & Pillowcase	49260-3	250
2137				16668.51		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 Pallets: 3 <i>[Signature]</i> 12/23/2025	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 sold 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>
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SHIPPED DATE: 12/23/2025

MUST DELIVERED BY DATE: 12/28/2025