

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: 06757168001679060

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: 340608
 Seal number(s): 73105165
 SCAC: WSXI
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 43562675

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:
 MASTER BILL OF LADING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING
 Appointment Time: 1300 AM
 Actual Driver Arrival Time: _____ AM
 Driver Departure Time: 1353 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9136903672	684	3411.34	Y	N	06757168001678772	7034A	
3358529085	88	1071.84	Y	N	06757168001678765	6080R	
1032932327	470	3152.32	Y	N	06757168001678758	6038A	
2732074224	319	2664.73	Y	N	06757168001679045	6017A	
3782103952	851	5866.63	Y	N	06757168001679052	6080A	
Grand Total	2412	16166.86					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>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(c) of NMFC Item 368.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1120	ctns			14253.74		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
1292	ctns			1913.12		Sheet Set & Pillowcase	49260-3	250
2412				16166.86		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 / 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
[Signature] 3/20/2026

Trailer Loaded: By Shipper By Driver
 Freight Counted: By Shipper By Driver/pallets sold to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier on this emergency response information was made available and/or carrier has the DOT emergency response guidelines or equivalent documentation in the vehicle.
[Signature]

SHIPPED DATE: 3/20/2026

MUST DELIVERED BY DATE: 3/23/2026