

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: 06757168001662054

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: USA Truck Inc
 Trailer number: 250218
 Seal number(s): 73105126
 SCAC: USIT
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:
 MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 43144288

Appointment Time: 11:00 AM
 Actual Driver Arrival Time: 10:57 AM
 Driver Departure Time: 11:55 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOLE#	ADDITIONAL SHIPPER INFO DC#	Supplier#
2883820903	515	5869.60	Y	N	06757168001661996	6048A	
3658526720	44	535.92	Y	N	06757168001662047	6048R	
9782213363	590	4809.55	Y	N	06757168001662009	6043A	
7882702594	597	4771.40	Y	N	06757168001662016	6040A	
3158528283	44	535.92	Y	N	06757168001662030	6043R	
4558527807	44	535.92	Y	N	06757168001662023	6040R	
Grand Total	1834	17058.31					

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 500</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1256	ctns			16118.32		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
578	ctns			939.99		Sheet Set & Pillowcase	49260-3	250
1834				17058.31		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 described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallets: 33 <i>ED 2/20/26</i>	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 said 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>Yamand Curry 2-20-26</i>
--	--	--	--

SHIPPED DATE: 2/20/2026

MUST DELIVERED BY DATE: 2/22/2026