

Date: 2/18/2026 9:35:03 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163001133917
Name: E & E COMPANY LTD		 (402)06757163001133917
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
PHONE: 530-689-5991	FOB: <input type="checkbox"/>	
VENDOR: 10316700		

SHIP TO		CARRIER NAME: XPO LOGISTICS
Name: Fred Meyer Stores	Location #: 00790880944 81	Responsible Acct No:
Address: Chehalis RSC DC - Home HCC		Trailer number: 317-8634
224 Maurin Rd., 0079088094461		Seal number(s):
City/State/Zip: Chehalis, WA 98532		SCAC: CNWY
CID#: _____	FOB: <input type="checkbox"/>	 425-105844 XPO
Dept: 0083		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		Appointment Time: LTL AM
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time: AM
Packing List is Attached		Driver Departure Time: AM
		PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
0043634239	226	1322.36	Y N	
Grand Total	226	1322.36		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage shall be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 358.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		226	ctns	1322.36		Mattress Pads	149265	100
3		226		1472.36		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. <div style="text-align: right;">Shipper Signature</div>		
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.  2/18/26	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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
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.  2/18/26			

Date: 2/18/2026 9:34:12 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163001133924	
Name:	E & E COMPANY LTD	 (402)06757163001133924	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
PHONE:	530-669-5991		
VENDOR:	10316700		
SHIP TO		CARRIER NAME: XPO LOGISTICS	
Name:	Fred Meyer Stores	Location #:	00790880944 61
Address:	Chehalis RSC DC - Home HCC 224 Maurin Rd., 0079088094461		
City/State/Zip:	Chehalis, WA 98532		
CID#:		FOB:	<input type="checkbox"/>
Dept:	0083	Responsible Acct.No: Trailer number: 317-8634 Seal number(s): SCAC: CNWY Pro  425-105833 <small>Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in XPO Freight Inc. rates tariff. (see www.xpo.com)</small>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Name:	Address:		
City/State/Zip:	SPECIAL INSTRUCTIONS: Packing List is Attached		
Appointment Time	Actual Driver Arrival Time	Driver Departure Time	
LTL AM	AM	AM	AM
PM	PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
0043634415	186	1360.32	Y N	
Grand Total	186	1360.32		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	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(a) of NMFCA rules 200.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		89	ctns	400.18		Bath Towel, Beach Towel	49260-4	175
		97	ctns	960.14		Sheet Set & Pillowcase	49260-3	250
2		186		1460.32		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 _____ \$	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 <small>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.</small>  2/18/26	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 <small>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.</small>  2/18/26	



EECEXP-PORT-FMWH-BS907- & B5247-2/18/26

Summarize this email



AF

Amanda Frey <amanda.frey@ship8.com>

To: Andrew Velazquez

Cc: WODship <wod.ship@jlahome.com>

Reply, Reply all, Forward, and other email actions

Tue 2/10/2026 9:38 AM

Hi Andrew,

Please see below for FMWHS shipping 2/18/26

Carrier; XPO Logistics

Routing No.	Customer	Ship To	Customer PO No.	Location	Ctns	Weight(LB)	Adjusted Cube	Est. Standard Plt Count	Cancel After Date
R202602100626461	FMWHS	0079088094461	0043634415	WDC	186	1360.32	122.30	2	2/18/2026 12:00:00 AM
R202602100629251	FMWHS	0079088094461	0043634239	WDC	226	1322.36	250.69	3	2/18/2026 12:00:00 AM



SHIP8 INC.

Amanda Frey
Order Processing Clerk