


<b>SHIP FROM</b>		Bill of Lading Number: 06757168000062565	
Name:	E & E COMPANY LTD	 (402)06757168000062565	
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			
PHONE:		<b>CARRIER NAME:</b> EPES TRANSPORT	
VENDOR:	9200233	Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: EPES647002	
Name:	Belk 0744	Seal number(s): 2777349	
Address:	1018 Mendell Davis Drive	<b>SCAC:</b> EPSG	
City/State/Zip:	Byram, MS 39272	Pro Number:	
CID#:			
Dept:	0743		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time: 1:00 <sup>AM</sup> <del>PM</del>	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time: 8:58 <sup>AM</sup> <del>PM</del>	
Ship ID #2145633		Driver Departure Time: 11:43 <sup>AM</sup> <del>PM</del>	
1 envelope containing manifest			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5709167	110	843.81	Y N	
5709307	734	7831.01	Y N	
5709310	2	16.46	Y N	
<b>Grand Total</b>	<b>846</b>	<b>8691.28</b>		

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(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
736	ctns			7847.47		Pillows, Valance, Towels	49390	100
110	ctns			843.81		Throws, Blankets	49040	150
846				8691.28		<b>Grand Total</b>		

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 _____."	<b>COD Amount:</b> 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.

<b>SHIPPER SIGNATURE / DATE</b> 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. <i>[Signature]</i> 12/5/19	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	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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> 12-5-19
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Date: 12/4/2019 5:21:45 PM

# Bill Of Lading

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<b>SHIP FROM</b>		Bill of Lading Number: 06757168000062558	
Name: E & E COMPANY LTD		 (402)06757168000062558	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: JB Hunt Intermodal	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 1459	
VENDOR: 9200233		Seal number(s): 2777352	
<b>SHIP TO</b>		SCAC: HJBI	
Name: Belk 0737		Pro Number: 0	
Address: 120 Belk Court			
City/State/Zip: Blythewood, SC 29016			
CID#:			
Dept: 0743			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time	
SPECIAL INSTRUCTIONS: Ship ID #2145630 1 envelope containing manifest		Actual Driver Arrival Time	
		Driver Departure Time	
		2:00 AM PM      3:00 AM PM      5:40 AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5709167	194	1488.02	Y N	
5709307	1331	14135.77	Y N	
5709310	2	16.46	Y N	
5709562	130	1428.20	Y N	
5709617	229	1691.15	Y N	
<b>Grand Total</b>		1886	18759.60	

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(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1463	ctns			15580.43		Pillows, Valance, Towels	49390	100
423	ctns			3179.17		Throws, Blankets	49040	150
<b>Grand Total</b>				18759.60				

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 _____"	<b>GOD Amount:</b> _____ <b>Fee Terms:</b> 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.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> 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. <i>[Signature]</i> 12-4-19	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	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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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