

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Master Bill of Lading Number: 06757164000176486

SHIP TO
 Name: Wal-Mart Centerpoint - 6909 DC#: 6909
 Div.
 Address: 11888 Mission Blvd
 6909
 City/State/Zip: Jurupa Valley, CA 91752
 SID#: _____ FOB:

CARRIER NAME: NEW LEGEND TRUCKING

Trailer number: W33204
 Seal number(s): 3713400

SCAC: LEGS
 Pro Number:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

(check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 71166235

Appointment Time: 11:00 AM
 Actual Driver Arrival Time: 11:00 AM
 Driver Departure Time: 1:00 PM

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|-------------|-----------------|--------------------------|---|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 4008521700 | 172 | 1661.98 | Y | N | 06757164000176271 | 6012R | |
| 4308521889 | 180 | 1616.14 | Y | N | 06757164000176295 | 6031R | |
| 5858992387 | 75 | 357.10 | Y | N | 06757164000176288 | 6031A | |
| 7658833813 | 757 | 6667.96 | Y | N | 06757164000176264 | 6012A | |
| 4559382330 | 75 | 321.12 | Y | N | 06757164000176264 | 6012A | |
| 7758834073 | 697 | 5586.75 | Y | N | 06757164000176288 | 6031A | |
| Grand Total | 1966 | 18011.05 | | | | | |

| 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(e) of NMFC Item 366</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1625 | ctns | | | 14886.84 | | Comforters, Bedspreads | 49017 | 200 |
| 181 | ctns | | | 446.99 | | Pillows, Valance, Towels | 49390 | 100 |
| 150 | ctns | | | 678.22 | | Shower curtain | 49385 | 77.5 |

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 _____

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: 33 *Scott*
 10/15/19

Trailer Loaded: By Shipper By Driver
 Freight Counted: By Shipper By Driver/pallets said to contain 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.
R. McJ...

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 08757164000176271



(402)06767164000176271


SHIP TO

Name: Wal-Mart DC 8012R - Regular Location #: 6012R
 Address: 3101 North Quinoy
 6012R
 City/State/Zip: Plainview, TX 79072
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: NEW LEGEND TRUCKING

Trailer number: W33204
 Seal number(s): 3713460

SCAC: LEGS

Pro Number: 

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:

Load # =71186236

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
|------------------|----------------------------|-----------------------|
| AM | AM | AM |
| PM | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|------------|------------|----------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pits Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4008621700 | 172 | 4 | 1561.98 | Y | N | 10/20/2019 | 6012R | 0020 | 00022 | |
| GRAND TOTAL | 172 | 4 | 1561.98 | | | | | | | |

| CARRIER INFORMATION | | | | | | | | | |
|---------------------|------|---------|------|---------|----------|--|----------|-------|--|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 360</small> | LTL ONLY | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | |
| 172 | ctns | | | 1561.98 | | Comforters, Bedspreads | 49017 | 200 | |
| 172 | | | | 1561.98 | | 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

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.


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 certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#: _____ FOB:

Bill of Lading Number: 06757164000176295

 (402)06757164000176295

SHIP TO
 Name: Wal-Mart DC 6031R-REGULAR Location #: 6031R
 Address: 23701 West Southern Avenue
 6031R
 City/State/Zip: Bucokeys, AZ 86328
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: NEW LEGEND TRUCKING
 Trailer number: W33204
 Seal number(s): 3713480
SCAC: LEGS
Pro Number:


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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect X 3rd Party
 Master Bill of Lading: with attached
 (check box) underlying Bills of Lading

| | | |
|------------------|----------------------------|-----------------------|
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| AM | AM | AM |
| PM | PM | PM |

SPECIAL INSTRUCTIONS:
 Load # =71166235

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|--------|------------|---------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4308521889 | 180 | 4 | 1616.14 | Y | N | 10/19/2019 | 6031R | 0020 | 00022 | |
| GRAND TOTAL | 180 | 4 | 1616.14 | | | | | | | |

| HANDLING UNIT | | | | | | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small> | LTL ONLY | |
|---------------|------|-----|------|---------|------|-----|---------|--------|--------|------------------------|--|----------|--|
| QTY | TYPE | QTY | TYPE | QTY | TYPE | QTY | TYPE | NMFC # | | | | CLASS | |
| 180 | ctns | | | 1616.14 | | | | | | Comforters, Bedspreads | 49017 | 200 | |
| 180 | | | | 1616.14 | | | | | | 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(e)(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

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.

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain 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. Property described above is received in good order, except as noted.

| | | | |
|---|---|--|---|
| SHIP FROM | | Bill of Lading Number: 06757164000176288 | |
| Name: E & E COMPANY LTD | Address: 1680 Tide Court | City/State/Zip: Woodland, CA 95776 | SID#: _____ FOB: <input type="checkbox"/> |
| SHIP TO | | CARRIER NAME: NEW LEGEND TRUCKING | |
| Name: Wal-Mart DG 6031A-ASM DIS | Location #: 6031A | Address: 23701 West Southern Avenue | Trailer number: W33204 |
| City/State/Zip: Buckeye, AZ 85326 | CID#: _____ FOB: <input type="checkbox"/> | Dept: 00020 | Seal number(s): 3713460 |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | SACAC: LEGS | |
| Name: _____ | Address: _____ | Pro Number: _____ | |
| City/State/Zip: _____ | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | |
| SPECIAL INSTRUCTIONS: | | Prepaid <input type="checkbox"/> Collect X 3rd Party | |
| Load # = 71166235 | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading | |
| | | Appointment Time | Actual Driver Arrival Time |
| | | AM | AM |
| | | PM | PM |
| | | Driver Departure Time | AM |
| | | | PM |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|------------|------------|----------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 5858992387 | 75 | 1 | 367.10 | Y | N | 10/19/2019 | 6031A | 0033 | 00020 | |
| 7758834073 | 697 | 11 | 5586.75 | Y | N | 10/19/2019 | 6031A | 0033 | 00022 | |
| GRAND TOTAL | 772 | 12 | 5943.85 | | | | | | | |

| 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 NMFC Item 309</small> | LTL ONLY | | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | | |
| 601 | ctns | | | 5343.65 | | Comforters, Bedspreads | 49017 | 200 | | |
| 96 | ctns | | | 243.20 | | Pillows, Valance, Towels | 49390 | 100 | | |
| 75 | ctns | | | 357.10 | | Shower curtain | 49385 | 77.5 | | |
| 772 | | | | 5943.85 | | 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 _____

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.

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 certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

| | | |
|------------------------------------|-------------------------------|--|
| SHIP FROM | | Bill of Lading Number: 06767164000176264 |
| Name: E & E COMPANY LTD | Address: 1880 Tide Court |  (402)06767164000176264 |
| City/State/Zip: Woodland, CA 96776 | FOB: <input type="checkbox"/> | |
| SID#: | | |

| | | |
|-------------------------------------|-------------------------------|---|
| SHIP TO | | CARRIER NAME: NEW LEGEND TRUCKING |
| Name: Wal-Mart DG 6012A - ASM DIS | Location #: 6012A | Trailer number: W33204 |
| Address: 3100 North I-27 | 6012A | Seal number(s): 3713480 |
| City/State/Zip: Plainview, TX 79072 | FOB: <input type="checkbox"/> | SCAC: LEGS |
| CID#: | | Pro Number: |
| Dept: 00020 | |  |

| | | |
|---|----------|---|
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) |
| Name: | Address: | Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> |
| City/State/Zip: | | Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> |

| | | | | |
|------------------------------|--|------------------|----------------------------|-----------------------|
| SPECIAL INSTRUCTIONS: | | Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| Load # =71166235 | | AM | AM | AM |
| | | PM | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|------------|------------|----------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pits Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4559382330 | 75 | 1 | 321.12 | Y | N | 10/20/2019 | 6012A | 0033 | 00020 | |
| 7658833813 | 757 | 12 | 6567.96 | Y | N | 10/20/2019 | 6012A | 0033 | 00022 | |
| GRAND TOTAL | 832 | 13 | 6889.08 | | | | | | | |

| 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 NMFC Item 569</small> | LTL ONLY | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | |
| 672 | ctns | | | 6364.17 | | Comforters, Bedspreads | 49017 | 200 | |
| 85 | ctns | | | 203.79 | | Pillows, Valance, Towels | 49390 | 100 | |
| 75 | ctns | | | 321.12 | | Shower curtain | 49386 | 77.5 | |
| 832 | | | | 6889.08 | | 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 _____

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.

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 certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

| | | | |
|---|-----------------------------|---|-------------------------------------|
| SHIP FROM | | Master Bill of Lading Number: 06757164000176479 | |
| Name: | E & E COMPANY LTD | | |
| Address: | 1680 Tide Court | | |
| City/State/Zip: | Woodland, CA 95776 | | |
| SID#: | | FOB: <input type="checkbox"/> | |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | |
| Name: | Wal-Mart Centerpoint - 6909 | DC#: | 6909 |
| | | Div.: | |
| Address: | 11868 Mission Blvd 6909 | Trailer number: | 108724 |
| | | Seal number(s): | 3713453 |
| City/State/Zip: | Jurupa Valley, CA 91752 | SCAC: | WALM |
| SID#: | | Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: | | Prepaid: | <input type="checkbox"/> |
| Address: | | Collect: | <input checked="" type="checkbox"/> |
| | | 3rd Party: | <input type="checkbox"/> |
| City/State/Zip: | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box) | |
| SPECIAL INSTRUCTIONS: | | Appointment Time | Actual Driver Arrival Time |
| Load #: 71168238 | | 10:00 ^{AM} / _{PM} | 11:20 ^{AM} / _{PM} |
| | | Driver Departure Time | 12:10 ^{AM} / _{PM} |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|-------------|-----------------|--------------------------|-------------------|-----------------------------|-----------|--|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# | |
| 1109392332 | 56 | 273.28 | Y N | 06757164000176196 | 6019A | | |
| 4509382303 | 67 | 319.86 | Y N | 06757164000176240 | 7026A | | |
| 3308521834 | 206 | 1998.14 | Y N | 06757164000176202 | 6019R | | |
| 8358833839 | 604 | 4878.98 | Y N | 06757164000176240 | 7026A | | |
| 3108844032 | 890 | 7348.16 | Y N | 06757164000176196 | 6019A | | |
| 3408521634 | 92 | 879.50 | Y N | 06757164000176257 | 7026R | | |
| Grand Total | 1916 | 15697.92 | | | | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|------|---------|------|------------|----------|--|----------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1567 | ctns | | | 14497.00 | | Comforters, Bedspreads | 49017 | 200 |
| 225 | ctns | | | 607.78 | | Pillows, Valance, Towels | 49390 | 100 |
| 123 | ctns | | | 593.14 | | Shower curtain | 49385 | 77.5 |

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 _____"

GOD 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 <i>Scott</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>Greg Crew</i> |
| | Shipper Signature | | |

10/15/19

10-15-19


| | | | |
|---|-----------------------------|--|--|
| SHIP FROM | | Master Bill of Lading Number: 06757164000176479 | |
| Name: | E & E COMPANY LTD | | |
| Address: | 1680 Tide Court | | |
| City/State/Zip: | Woodland, CA 95776 | | |
| SID#: | | FOB: <input type="checkbox"/> | |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | |
| Name: | Wal-Mart Centerpoint - 6909 | DC#: | 6909 |
| | | Div.: | |
| Address: | 11888 Mission Blvd 6909 | Trailer number: | 108724 |
| | | Seal number(s): | 3713453 |
| City/State/Zip: | Jurupa Valley, CA 91752 | SCAC: | WALM |
| SID#: | | Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: | | Prepaid: | <input type="checkbox"/> |
| Address: | | Collect: | <input checked="" type="checkbox"/> |
| | | 3rd Party: | <input type="checkbox"/> |
| City/State/Zip: | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING | |
| SPECIAL INSTRUCTIONS: | | Appointment Time | Actual Driver Arrival Time |
| Load #: 71163236 | | 10:00 <input checked="" type="checkbox"/> AM PM | 11:20 <input checked="" type="checkbox"/> AM PM |
| | | Driver Departure Time | 12:10 <input checked="" type="checkbox"/> AM PM |
| 1915 | | 16697.92 | Grand Total |

| | | | |
|---|--|---|--|
| <p>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 _____"</p> | | <p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p> | |
| <p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(e)(1)(A) and (B).</p> | | | |
| <p>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.</p> | | <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> | |
| <p>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: 32 <i>Kottl</i> 10/15/19</p> | | <p>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>Greg Green</i> 10-15-19</p> | |
| <p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> | | <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p> | |

Date: 10/15/2019 11:20:54 AM

Bill Of Lading

Page 1 of 1

| | | | |
|---|---|--|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06767164000176196 | |
| Name: | E & E COMPANY LTD |  (402)06767164000176196 | |
| Address: | 1680 Tide Court | | |
| City/State/Zip: | Woodland, CA 95776 | | |
| SID#: | FOB: <input type="checkbox"/> | | |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | |
| Name: | Wal-Mart DC 6019A - ASM DIS Location #: 8019A | Trailer number: 108724 | |
| Address: | 7604 East Crossroads Boulevard | Seal number(s): 3713463 | |
| | 8019A | SCAC: WALM | |
| City/State/Zip: | Loveland, CO 80538 | Pro Number: | |
| CID#: | FOB: <input type="checkbox"/> |  | |
| Dept: | 00020 | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | | Prepaid Collect <input checked="" type="checkbox"/> 3rd Party | |
| Address: | | <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading | |
| City/State/Zip: | | Appointment Time | Actual Driver Arrival Time |
| SPECIAL INSTRUCTIONS: | | AM | AM |
| Load # =71166236 | | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|------------|-----------|----------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 1109392332 | 66 | 1 | 273.28 | Y | N | 10/20/2019 | 6019A | 0033 | 00020 | |
| 3108844032 | 890 | 13 | 7348.16 | Y | N | 10/20/2019 | 6019A | 0033 | 00022 | |
| GRAND TOTAL | 946 | 14 | 7621.44 | | | | | | | |

| 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 protected as to ensure safe transportation with ordinary care. See Section 4(f) of NMFC Item 366</small> | LTL ONLY | | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | | |
| 747 | ctns | | | 6954.07 | | Comforters, Bedspreads | 49017 | 200 | | |
| 143 | ctns | | | 394.09 | | Pillows, Valance, Towels | 49390 | 100 | | |
| 56 | ctns | | | 273.28 | | Shower curtain | 49385 | 77.5 | | |
| 946 | | | | 7621.44 | | GRAND TOTAL | | | | |



| | | | |
|--|--|---|--|
| Where the rate is dependant on value, shippers are required to stated 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"/> | |
| 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. | | SHIPPER SIGNATURE | |
| 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. Property described above is received in good order, except as noted. | | _____ _____ | |

| | | | |
|---|---|--|--|
| SHIP FROM | | Bill of Lading Number: 08757184000176240 | |
| Name: E & E COMPANY LTD | Address: 1080 Tide Court | City/State/Zip: Woodland, CA 95776 | SID#: <input type="checkbox"/> FOB: <input type="checkbox"/> |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | |
| Name: Wal-Mart DC 7026A - ASM DIS | Location #: 7026A | Trailer number: 108724 | Seal number(s): 3713453 |
| Address: 945 North State Road 138 | 7026A | SCAC: WALM | Pro Number: |
| City/State/Zip: Grantsville, UT 84029 | GID#: <input type="checkbox"/> FOB: <input type="checkbox"/> | | |
| Dept: 00020 | THIRD PARTY FREIGHT CHARGES BILL TO: | | |
| Name: | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | |
| Address: | Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> | | |
| City/State/Zip: | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading | | |
| SPECIAL INSTRUCTIONS: Load # =71166236 | | | |
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time | |
| AM | AM | AM | |
| PM | PM | PM | |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|------------|------------|----------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4509382303 | 67 | 1 | 319.86 | Y | N | 10/20/2019 | 7026A | 0033 | 00020 | |
| 8358833839 | 604 | 10 | 4878.98 | Y | N | 10/20/2019 | 7026A | 0033 | 00022 | |
| GRAND TOTAL | 671 | 11 | 5198.84 | | | | | | | |

| CARRIER INFORMATION | | | | | | | | | |
|---------------------|------|---------|------|---------|----------|--|----------|-------|--|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small> | LTL ONLY | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | |
| 522 | ctns | | | 4665.29 | | Comforters, Bedspreads | 49017 | 200 | |
| 82 | ctns | | | 213.69 | | Pillows, Valance, Towels | 49390 | 100 | |
| 67 | ctns | | | 319.86 | | Shower curtain | 49385 | 77.5 | |
| 671 | | | | 5198.84 | | GRAND TOTAL | | | |



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| <p>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 _____</p> | | <p>COD Amount: \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p> | |
| <p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. • 14706(c)(1)(A) and (B).</p> | | | |
| <p>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.</p> | | <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> | |
| <p>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.</p> | | <p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces</p> | |
| | | <p>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. Property described above is received in good order, except as noted.</p> | |

| | | | |
|---|--|---|--|
| SHIP FROM | | Bill of Lading Number: 08757164000176202 | |
| Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ FOB: <input type="checkbox"/> | |  (402)06757164000176202 | |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | |
| Name: Wal-Mart DC 6019R - REGULAR Location #: 6019R Address: 7608 East Crossroads Boulevard 6019R City/State/Zip: Loveland, CO 80638 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022 | | Trailer number: 108724 Seal number(s): 3713453 SCAC: WALM Pro Number:  | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | | |
| Name: Address: City/State/Zip: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect <input checked="" type="checkbox"/> 3rd Party | |
| SPECIAL INSTRUCTIONS: Load # =71166236 | | <input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading (check box) | |
| | | Appointment Time AM PM | Actual Driver Arrival Time AM PM |
| | | Driver Departure Time AM PM | |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|------------|------------|----------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 3308521834 | 206 | 5 | 1998.14 | Y | N | 10/20/2019 | 6019R | 0020 | 00022 | |
| GRAND TOTAL | 206 | 5 | 1998.14 | | | | | | | |

| 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> | LTL ONLY | |
|---------------|------|-----|------|--|--|---------|-------|------------------------|----------|--|----------|--|
| QTY | TYPE | QTY | TYPE | | | NMFC # | CLASS | | | | | |
| 206 | ctns | | | | | 1998.14 | | Comforters, Bedspreads | 49017 | 200 | | |
| 206 | | | | | | 1998.14 | | GRAND TOTAL | | | | |

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| <p>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 _____</p> | COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> |
| 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. | 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. Property described above is received in good order, except as noted. |

| | | | |
|---|--|--|--|
| SHIP FROM | | Bill of Lading Number: 06757164000176257 | |
| Name: E & E COMPANY LTD | Address: 1680 Tide Court |  (402)06757164000176257 | |
| City/State/Zip: Woodland, CA 95776 | SID#: _____ | | |
| Address: 1680 Tide Court | City/State/Zip: Woodland, CA 95776 | | |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | |
| Name: Wal-Mart DC 7026R - REGULAR | Location #: 7026R | Trailer number: 108724 | |
| Address: 917 North State Road 138 | City/State/Zip: Grantsville, UT 84029 | Seal number(s): 3713453 | |
| City/State/Zip: Grantsville, UT 84029 | GID#: _____ | SCAC: WALM | |
| Dept: 00022 | FOB: <input type="checkbox"/> | Pro Number:  | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: _____ | Address: _____ | Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> | |
| City/State/Zip: _____ | SPECIAL INSTRUCTIONS: Load # =71168236 | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: AM/PM Actual Driver Arrival Time: AM/PM Driver Departure Time: AM/PM | |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|--------|------------|--------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 3408521634 | 92 | 2 | 879.50 | Y | N | 10/20/2019 | 7026R | 0020 | 00022 | |
| GRAND TOTAL | 92 | 2 | 879.50 | | | | | | | |

| CARRIER INFORMATION | | | | | | | | | |
|---------------------|------|---------|------|--------|----------|---|----------|-------|--|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or allowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small> | LTL ONLY | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | |
| 92 | ctns | | | 879.50 | | Comforters, Bedspreads | 49017 | 200 | |
| 92 | | | | 879.50 | | 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 _____

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.

Trailer Loaded: By Shipper By Driver
 Freight Counted: By Shipper By Driver/pallets said to contain 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. Property described above is received in good order, except as noted.

| | | | |
|---|--|--|---|
| SHIP FROM | | Master Bill of Lading Number: 06757164000176493 | |
| Name: E & E COMPANY LTD Address: 1660 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/> | | | |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | |
| Name: Wal-Mart Centerpoint - 6909 DC#: 6909 Div. _____ Address: 11888 Mission Blvd 6909 City/State/Zip: Jurupa Valley, CA 91752 SID#: _____ FOB: <input type="checkbox"/> | | Trailer number: 149967 Seal number(s): 3713469 SCAC: WALM Pro Number: _____ | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: _____ Address: _____ City/State/Zip: _____ | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> | |
| SPECIAL INSTRUCTIONS: Load #: 71166237 | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING | |
| | | Appointment Time 12:00 ^{AM} _{PM} | Actual Driver Arrival Time 1540 ^{AM} _{PM} |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|-------------|--------------------------|---|-------------------|-------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | | BOL# | DC# | Supplier# |
| 2858621888 | 104 | 971.48 | Y | N | 06757164000176356 | 7033R | |
| 4809382444 | 63 | 290.95 | Y | N | 06757164000176349 | 7033A | |
| 5813792335 | 75 | 296.86 | Y | N | 06757164000176325 | 6021A | |
| 4458621870 | 210 | 1939.80 | Y | N | 06757164000176332 | 6021R | |
| 7808834213 | 619 | 5036.79 | Y | N | 06757164000176349 | 7033A | |
| 3258843745 | 905 | 7307.52 | Y | N | 06757164000176325 | 6021A | |
| Grand Total | | 1976 | 15843.40 | | | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|------|---------|------|------------|----------|--|----------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFO Item 360</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1611 | ctns | | | 14652.61 | | Comforters, Bedspreads | 49017 | 200 |
| 227 | ctns | | | 602.98 | | Pillows, Valance, Towels | 49390 | 100 |
| 138 | ctns | | | 587.81 | | Shower curtain | 49385 | 77.5 |

| | |
|--|--|
| 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"/> |
|--|--|

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 _____ |
| 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: 34 _____ 10/15/19 | 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 |
| CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or driver has the DOT emergency response guidebook or equivalent documentation in the vehicle. _____ 10/15/19 | | |

OA COPY

| | | | |
|---|----------|--|--|
| SHIP FROM | | Master Bill of Lading Number: 06757164000176493 | |
| Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/> | | | |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | |
| Name: Wal-Mart Centerpoint - 6909 DC#: 6909 Div. Address: 11888 Mission Blvd 6909 City/State/Zip: Jurupa Valley, CA 91752 SID#: _____ FOB: <input type="checkbox"/> | | Trailer number: 149957 Seal number(s): 3713459 SCAC: WALM Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: Address: City/State/Zip: | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> | |
| SPECIAL INSTRUCTIONS: Load #: 71163237 | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING | |
| | | Appointment Time 12:00 AM PM | Actual Driver Arrival Time AM PM |
| 1976 | 15843.40 | 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 _____." | GOD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> |
| 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. Total Pallets: 34 <i>[Signature]</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. | |


10/15/19

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1600 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06767164000176366

 (402)06767164000176366

SHIP TO
 Name: Wal-Mart DC 7033R-REGULAR Location #: 7033R
 Address: 21345 Johnson Rd.
 7033R
 City/State/Zip: Apple Valley, CA 92307
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 149967
 Seal number(s): 3713469
SCAC: WALM
 Pro Number:


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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect 3rd Party
 Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

SPECIAL INSTRUCTIONS:
 Load # = 71186237

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|--------|------------|--------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/ SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 2858521888 | 104 | 3 | 971.48 | Y | N | 10/18/2019 | 7033R | 0020 | 00022 | |
| GRAND TOTAL | 104 | 3 | 971.48 | | | | | | | |

| 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 NMFC Form 300</small> | LTL ONLY | | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | | |
| 104 | ctns | | | 971.48 | | Comforters, Bedspreads | 49017 | 200 | | |
| 104 | | | | 971.48 | | 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 _____

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.

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


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. Property described above is received in good order, except as noted.

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757164000176349

 (402)06757164000176349

SHIP TO
 Name: Wal-Mart DO 7033A-ASM DIS Location #: 7033A
 Address: 21215 Johnson Rd.
 7033A
 City/State/Zip: Apple Valley, CA 92307
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: WAL-MART FLEET
 Trailer number: 149957
 Seal number(s): 3713459
SCAC: WALM
Pro Number:


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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:
 Load # =71168237

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|------------|------------|----------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4809382444 | 63 | 1 | 290.95 | Y | N | 10/18/2019 | 7033A | 0033 | 00020 | |
| 7808834213 | 619 | 10 | 5036.79 | Y | N | 10/18/2019 | 7033A | 0033 | 00022 | |
| GRAND TOTAL | 682 | 11 | 5327.74 | | | | | | | |

| 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> | LTL ONLY | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | |
| 518 | ctns | | | 4783.25 | | Comforters, Bedspreads | 49017 | 200 | |
| 101 | ctns | | | 253.64 | | Pillows, Valance, Towels | 49390 | 100 | |
| 63 | ctns | | | 290.95 | | Shower curtain | 49385 | 77.5 | |
| 682 | | | | 5327.74 | | GRAND TOTAL | | | |

Where the rate is dependent on value, shippers are required to enter 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 _____

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.


Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain 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. Property described above is received in good order, except as noted.

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1880 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#: _____ FOB:

Bill of Lading Number: 06757164000176325

 (402)06757164000176325

SHIP TO
 Name: Wal-Mart DC 6021A - ASM DIS Location #: 6021A
 Address: 1005 South H Street
 6021A
 City/State/Zip: Porterville, CA 93257
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: WAL-MART FLEET
 Trailer number: 149967
 Seal number(s): 3713469
SCAC: WALM
 Pro Number:


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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:
 Load # =71166237

Master Bill of Lading; with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|------------|------------|----------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkgs Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 6913792335 | 75 | 1 | 296.86 | Y | N | 10/19/2019 | 6021A | 0033 | 00020 | |
| 3258843746 | 906 | 14 | 7307.62 | Y | N | 10/19/2019 | 6021A | 0033 | 00022 | |
| GRAND TOTAL | 980 | 15 | 7604.38 | | | | | | | |

| CARRIER INFORMATION | | | | | | | | | | |
|---------------------|------|---------|------|----------------|----------|--|----------|-------|--|--|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 300</small> | LTL ONLY | | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | | |
| 779 | ctns | | | 6968.08 | | Comforters, Bedspreads | 49017 | 200 | | |
| 126 | ctns | | | 349.44 | | Pillows, Valance, Towels | 49390 | 100 | | |
| 75 | ctns | | | 296.86 | | Shower curtain | 49385 | 77.5 | | |
| 980 | | | | 7604.38 | | 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:
 *This 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 _____

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.

Trailer Loaded:
 By Shipper
 By Driver

Freight Counted:
 By Shipper
 By Driver/pallets said to contain
 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. Properly described above is received in good order, except as noted.

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757164000176332

 (402)06757164000176332

SHIP TO
 Name: Wal-Mart DC 6021R - Regular Location #: 6021R
 Address: 1006 South H Street
 6021R
 City/State/Zip: Porterville, CA 93277
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 149967
 Seal number(s): 3713459
SCAC: WALM
 Pro Number:


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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:
 Load # =71166237

Master Bill of Lading; with attached underlying Bills of Lading

| | | |
|------------------|----------------------------|-----------------------|
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| AM | AM | AM |
| PM | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|--------|------------|---------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4458521870 | 210 | 5 | 1939.80 | Y | N | 10/19/2019 | 6021R | 0020 | 00022 | |
| GRAND TOTAL | 210 | 5 | 1939.80 | | | | | | | |

| CARRIER INFORMATION | | | | | | | | | LTL ONLY | |
|---------------------|------|---------|------|---------|----------|--|--------|-------|----------|--|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 340</small> | NMFC # | CLASS | | |
| QTY | TYPE | QTY | TYPE | | | | | | | |
| 210 | ctns | | | 1939.80 | | Comforters, Bedspreads | 49017 | 200 | | |
| 210 | | | | 1939.80 | | 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

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.

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 certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

| | | | |
|---|--|--|--|
| SHIP FROM | | Master Bill of Lading Number: 06757164000173294 | |
| Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/> | | | |
| SHIP TO | | CARRIER NAME: NEW LEGEND TRUCKING | |
| Name: Wal-Mart Centerpoint - 6909 DC#: 6909 Div. _____ Address: 11888 Mieslon Blvd 6909 City/State/Zip: Jurupa Valley, CA 91752 SID#: _____ FOB: <input type="checkbox"/> | | Trailer number: LHC-8179 Seal number(s): 3713497 SCAC: LEGS Pro Number: _____ | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: _____ Address: _____ City/State/Zip: _____ | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> | |
| SPECIAL INSTRUCTIONS: Load #: 70761096 | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING | |
| | | Appointment Time 2:00 <small>AM</small> PM | Actual Driver Arrival Time 12:30 <small>AM</small> PM |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|------------|--------------------------|-----|-------------------------|-------|--|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | | ADDITIONAL SHIPPER INFO | | |
| | | | BOL# | DC# | Supplier# | | |
| 1109392267 | 23 | 112.20 | Y | N | 06757164000173126 | 6019A | |
| 3308521778 | 70 | 646.12 | Y | N | 06757164000173133 | 6019R | |
| 6213482290 | 31 | 148.03 | Y | N | 06757164000173140 | 6035A | |
| 6316060269 | 41 | 195.99 | Y | N | 06757164000173164 | 6069A | |
| 3908521640 | 104 | 930.84 | Y | N | 06757164000173157 | 6035R | |
| 3208521522 | 149 | 1290.33 | Y | N | 06757164000173171 | 6069R | |
| 6413523608 | 446 | 3899.55 | Y | N | 06757164000173164 | 6069A | |
| 3108843932 | 575 | 4625.42 | Y | N | 06757164000173126 | 6019A | |
| 8808833868 | 497 | 4205.91 | Y | N | 06757164000173140 | 6035A | |
| Grand Total | 1936 | 16054.39 | | | | | |

| | |
|--|--|
| 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"/> |
|--|--|

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;">Shipper Signature</p> |
|--|--|

| | | |
|--|--|--|
| 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: 35 <i>Scott</i> 10/1/19 | 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 | 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>Don J</i> 10-1-19 |
|--|--|--|

Date: 10/1/2019 12:52:28 PM

Master Bill Of Lading

Page 2 of 2

| SHIP FROM | | SHIP TO | | THIRD PARTY FREIGHT CHARGES BILL TO: | |
|--|--------------------|-----------------------------------|-----------------------------|---|--------------------------|
| Name: | E & E COMPANY LTD | Name: | Wal-Mart Centerpoint - 6909 | Name: | |
| Address: | 1680 Tide Court | DC#: 6909 | | Address: | |
| City/State/Zip: | Woodland, CA 95776 | Div. | | City/State/Zip: | |
| SID#: | | | | SID#: | |
| Master BHL of Lading Number: 06757164000173294 | | CARRIER NAME: NEW LEGEND TRUCKING | | Freight Charge Terms: | |
| | | Trailer number: LHC-8179 | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> | |
| | | Seal number(s): 3713497 | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING | |
| | | SCAC: LEOS | | Appointment Time | |
| | | Pro Number: | | Actual Driver Arrival Time | |
| | | | | Driver Departure Time | |
| | | | | 2:00 ^{AM} _{PM} | |
| | | | | 12:30 ^{AM} _{PM} | |
| | | | | 1:00 ^{AM} _{PM} | |
| CARRIER INFORMATION | | | | | |
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. |
| QTY | TYPE | QTY | TYPE | LBS | (X) |
| 1639 | ctns | | | 15113.44 | |
| 202 | ctns | | | 484.73 | |
| 95 | ctns | | | 456.22 | |
| 1936 | | | | 16054.39 | |
| | | | | | COMMODITY DESCRIPTION |
| | | | | | Comforters, Bedspreads |
| | | | | | Pillows, Valance, Towels |
| | | | | | Shower curtain |
| | | | | | Grand Total |
| | | | | | NMFC # |
| | | | | | CLASS |
| | | | | | 49017 |
| | | | | | 200 |
| | | | | | 49390 |
| | | | | | 100 |
| | | | | | 49385 |
| | | | | | 77.5 |

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

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: 35

Scott

10/1/19

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 certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

X Dan Yu

10-1-19

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, GA 96778
 SID#: _____ FOB:

Bill of Lading Number: 06767164000173126



SHIP TO
 Name: Wal-Mart DC 6019A - ASM DIS Location #: 6019A
 Address: 7604 East Crossroads Boulevard
 6019A
 City/State/Zip: Loveland, CO 80638
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: NEW LEGEND TRUCKING

Trailer number: LHC-8179
 Seal number(s): 3713487

SCAC: LEGS
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect **X** 3rd Party _____

SPECIAL INSTRUCTIONS:
 Load # =70761096

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
|------------------|----------------------------|-----------------------|
| AM | AM | AM |
| PM | PM | PM |

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
|-----------------------|------------|------------|----------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 3108843932 | 575 | 9 | 4625.42 | Y | N | 10/06/2019 | 6019A | 0033 | 00022 | |
| 1109392267 | 23 | 1 | 112.20 | Y | N | 10/06/2019 | 6019A | 0033 | 00020 | |
| GRAND TOTAL | 598 | 10 | 4737.62 | | | | | | | |

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> | LTL ONLY | |
|---------------|------|---------|------|---------|----------|---|----------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 492 | ctns | | | 4432.80 | | Comforters, Bedspreads | 49017 | 200 |
| 83 | ctns | | | 192.62 | | Pillows, Valances, Towels | 49390 | 100 |
| 23 | ctns | | | 112.20 | | Shower curtain | 49385 | 77.5 |
| 598 | | | | 4737.62 | | 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

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.

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 certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

| | | |
|---|---|--|
| SHIP FROM | | Bill of Lading Number: 06757164000173133 |
| Name: E & E COMPANY LTD | Address: 1680 Tide Court |  (402)06757164000173133 |
| City/State/Zip: Woodland, CA 95776 | SID#: _____ FOB: <input type="checkbox"/> | |
| SHIP TO | | CARRIER NAME: NEW LEGEND TRUCKING |
| Name: Wal-Mart DC 6019R - REGULAR Location #: 6019R | Address: 7606 East Crossroads Boulevard | Trailer number: LHC-8179 |
| City/State/Zip: Loveland, CO 80588 | CID#: _____ FOB: <input type="checkbox"/> | Seal number(s): 3713497 |
| Dept: 00022 | | SCAC: LEGS |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Pro Number:  |
| Name: _____ | Address: _____ | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) |
| City/State/Zip: _____ | | Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> |
| SPECIAL INSTRUCTIONS: Load # = 70761096 | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading |
| | | Appointment Time: AM <input type="checkbox"/> PM <input type="checkbox"/> Actual Driver Arrival Time: AM <input type="checkbox"/> PM <input type="checkbox"/> Driver Departure Time: AM <input type="checkbox"/> PM <input type="checkbox"/> |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|-----------|------------|---------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pits Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 3308521778 | 70 | 2 | 646.12 | Y | N | 10/06/2019 | 6019R | 0020 | 00022 | |
| GRAND TOTAL | 70 | 2 | 646.12 | | | | | | | |



| 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(c) of NMFC Item 399.</small> | LTL ONLY | |
|---------------|------|-----|------|--------|-------|------------------------|---------|-----|--------|----------|---|----------|--|
| QTY | TYPE | QTY | TYPE | NMFC # | CLASS | | | | | | | | |
| 70 | ctns | | | 646.12 | | Comforters, Bedspreads | 49017 | 200 | | | | | |
| 70 | | | | 646.12 | | 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"/> | |
| 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. | | SHIPPER SIGNATURE 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 | |

Date: 10/1/2019 12:52:08 PM

Bill Of Lading

Page 1 of 1

| SHIP FROM | | SHIP TO | | THIRD PARTY FREIGHT CHARGES BILL TO: | | | | | | |
|--|--------------------------|---|---|---|--------------------------|--|----------------------------|------------------------|----------------------|-------------------------|
| Name: | E & E COMPANY LTD | Name: | Wal-Mart DC 6035A-ASM DIS Location #: 8036A | Name: | | | | | | |
| Address: | 1680 Tide Court | Address: | 3220 Nevada Terrace | Address: | | | | | | |
| City/State/Zip: | Woodland, CA 96776 | City/State/Zip: | 6035A Ottawa, KS 66067 | City/State/Zip: | | | | | | |
| SID#: | | CID#: | | | | | | | | |
| FOB: | <input type="checkbox"/> | Dept: | 00020 | FOB: | <input type="checkbox"/> | | | | | |
| Bill of Lading Number: 06757164000173140 | | CARRIER NAME: NEW LEGEND TRUCKING | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | | | | | |
|  | | Trailer number: LHC-8179 | | Prepaid <input type="checkbox"/> Collect X 3rd Party | | | | | | |
| (402)06757164000173140 | | Seal number(s): 3713497 | | Master Bill of Lading: with attached underlying Bills of Lading | | | | | | |
| | | SCAC: LEGS | | Appointment Time | | | | | | |
| | | Pro Number: | | Actual Driver Arrival Time | | | | | | |
| | |  | | Driver Departure Time | | | | | | |
| | | | | AM PM AM PM AM PM | | | | | | |
| SPECIAL INSTRUCTIONS: | | | | | | | | | | |
| Load # =70761098 | | | | | | | | | | |
| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
| CUSTOMER ORDER NUMBER | # PKGS | Pits Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 6-Digit Dept. Number | Additional Shipper Info |
| 5213482290 | 31 | 1 | 148.03 | Y | N | 10/12/2019 | 6035A | 0033 | 00020 | |
| 8806833868 | 497 | 8 | 4205.91 | Y | N | 10/12/2019 | 6035A | 0033 | 00022 | |
| GRAND TOTAL | 528 | 9 | 4353.94 | | | | | | | |
| CARRIER INFORMATION | | | | | | | | | | |
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 369</small> | LTL ONLY | | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | | |
| 432 | ctns | | | 4044.13 | | Comforters, Bedspreads | 49017 | 200 | | |
| 65 | ctns | | | 161.78 | | Pillows, Valance, Towels | 49390 | 100 | | |
| 31 | ctns | | | 148.03 | | Shower curtain | 49385 | 77.5 | | |
| 528 | | | | 4353.94 | | 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

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.

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 certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

| | | |
|---|---|---|
| SHIP FROM | | Bill of Lading Number: 06757164000173164 |
| Name: E & E COMPANY LTD | Address: 1680 Tide Court |  (402)06757164000173164 |
| City/State/Zip: Woodland, CA 95776 | SID#: _____ FOB: <input type="checkbox"/> | |
| SHIP TO | | CARRIER NAME: NEW LEGEND TRUCKING |
| Name: Wal-Mart DC 6069A-ASM DIS | Location #: 6069A | Trailer number: LHC-8179 |
| Address: 1200 Matlock Drive | City/State/Zip: St. James, MO 65559 | Seal number(s): 3713487 |
| 6069A | CID#: _____ FOB: <input type="checkbox"/> | SCAC: LEGS |
| Dept: 00020 | | Pro Number:  |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) |
| Name: _____ | Address: _____ | Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> |
| City/State/Zip: _____ | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading |
| SPECIAL INSTRUCTIONS: Load # =70761096 | | Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|------------|------------|----------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 6316060269 | 41 | 1 | 195.99 | Y | N | 10/12/2019 | 6069A | 0033 | 00020 | |
| 6413623608 | 446 | 8 | 3898.55 | Y | N | 10/12/2019 | 6069A | 0033 | 00022 | |
| GRAND TOTAL | 487 | 9 | 4095.54 | | | | | | | |

| CARRIER INFORMATION | | | | | | | | | | |
|---------------------|------|---------|------|---------|----------|---|----------|-------|--|--|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(s) of NMF-C Item 300</small> | LTL ONLY | | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | | |
| 392 | ctns | | | 3769.22 | | Comforters, Bedspreads | 49017 | 200 | | |
| 54 | ctns | | | 130.33 | | Pillows, Valance, Towels | 49390 | 100 | | |
| 41 | ctns | | | 195.99 | | Shower curtain | 49385 | 77.5 | | |
| 487 | | | | 4095.54 | | 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"/> |
|---|---|

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 |
|--|---|

| | | | |
|--|--|--|---|
| SHIPPER SIGNATURE / DATE Title 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. | 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 <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. Property described above is received in good order, except as noted.</small> |
|--|--|--|---|

Date: 10/1/2019 12:52:21 PM

Bill Of Lading

Page 1 of 1

| | | |
|---|---|---|
| SHIP FROM | | Bill of Lading Number: 08767164000173167 |
| Name: E & E COMPANY LTD | Address: 1680 Tide Court |  (402)06767164000173167 |
| City/State/Zip: Woodland, CA 96776 | SID#: _____ FOB: <input type="checkbox"/> | |
| SHIP TO | | CARRIER NAME: NEW LEGEND TRUCKING |
| Name: Wal-Mart DC 6036R-REGULAR Location #: 6036R | Address: 3270 Nevada Terrace | Trailer number: LHC-8179 |
| City/State/Zip: Ottawa, KS 66067 | 6036R | Seal number(s): 3713497 |
| CID#: _____ FOB: <input type="checkbox"/> | Dept: 00022 | SCAC: LEGS |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Pro Number:  |
| Name: _____ | Address: _____ | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) |
| City/State/Zip: _____ | | Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> |
| SPECIAL INSTRUCTIONS: Load # = 70761096 | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) |
| | | Appointment Time Actual Driver Arrival Time Driver Departure Time |
| | | AM AM AM |
| | | PM PM PM |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|------------|------------|---------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 3908521640 | 104 | 2 | 930.84 | Y | N | 10/12/2019 | 6036R | 0020 | 00022 | |
| GRAND TOTAL | 104 | 2 | 930.84 | | | | | | | |

| 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> | LTL ONLY | | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | | |
| 104 | ctns | | | 930.84 | | Comforters, Bedspreads | 49017 | 200 | | |
| 104 | | | | 930.84 | | 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

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.

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain 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. Property described above is received in good order, except as noted.

Date: 10/1/2019 12:52:17 PM

Bill Of Lading

Page 1 of 1

| | | | |
|---|---|--|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06757164000173171 | |
| Name: | E & E COMPANY LTD |  (402)06757164000173171 | |
| Address: | 1680 Tide Court | | |
| City/State/Zip: | Woodland, CA 95776 | | |
| SID#: | | | |
| SHIP TO | | CARRIER NAME: NEW LEGEND TRUCKING | |
| Name: | Wal-Mart DC 6069R-REGULAR Location #: 6069R | Trailer number: LHC-8179 | |
| Address: | 1108 Matlook Drive | Seal number(s): 3713497 | |
| | 6069R | SCAG: LEGS | |
| City/State/Zip: | St. James, MO 65569 | Pro Number: | |
| CID#: | |  | |
| Dept: | 00022 | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | | Prepaid 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 | Actual Driver Arrival Time |
| SPECIAL INSTRUCTIONS: | | AM | AM |
| Load # =70761096 | | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|--------|------------|---------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 3208521522 | 149 | 3 | 1290.33 | Y | N | 10/12/2019 | 6069R | 0020 | 00022 | |
| GRAND TOTAL | 149 | 3 | 1290.33 | | | | | | | |

| CARRIER INFORMATION | | | | | | | | | |
|---------------------|------|---------|------|---------|----------|--|----------|-------|--|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small> | LTL ONLY | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | |
| 149 | ctns | | | 1290.33 | | Comforters, Bedspreads | 49017 | 200 | |
| 149 | | | | 1290.33 | | 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"/> | |
| 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. | | SHIPPER SIGNATURE 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. Property described above is received in good order, except as noted. | |

Date: 10/1/2019 12:12:53 PM

Master Bill Of Lading

| | | | |
|---|--|---|--|
| SHIP FROM | | Master Bill of Lading Number: 06757164000173287 | |
| Name: E & E COMPANY LTD | | | |
| Address: 1880 Tide Court | | | |
| City/State/Zip: Woodland, CA 95776 | | | |
| SID#: _____ FOB: <input type="checkbox"/> | | | |
| SHIP TO | | CARRIER NAME: Swift Transportation | |
| Name: Wal-Mart Centerpoint - 6909 | | Trailer number: 171282 | |
| DC#: 6909 | | Seal number(s): 3713498 | |
| Div: _____ | | SCAC: SWFT | |
| Address: 11888 Mission Blvd | | Pro Number: _____ | |
| 6909 | | | |
| City/State/Zip: Jurupa Valley, CA 91752 | | | |
| SID#: _____ FOB: <input type="checkbox"/> | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: _____ | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> | |
| Address: _____ | | <input checked="" type="checkbox"/> MASTER BILL OF LADING WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING | |
| City/State/Zip: _____ | | Appointment Time: 11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM Actual Driver Arrival Time: 10:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM Driver Departure Time: 12:20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | |
| SPECIAL INSTRUCTIONS: Load #: 70761098 | | | |

| CUSTOMER ORDER INFORMATION | | | | | | |
|----------------------------|------------|------------|--------------------------|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 4559382272 | 80 | 346.84 | Y N | 06757164000173089 | 6012A | |
| 4308521834 | 128 | 1163.12 | Y N | 06757164000173119 | 6031R | |
| 5858992321 | 71 | 344.08 | Y N | 06757164000173102 | 6031A | |
| 4008521649 | 208 | 1979.74 | Y N | 06757164000173096 | 6012R | |
| 7758833963 | 564 | 4436.33 | Y N | 06757164000173102 | 6031A | |
| 7658833703 | 864 | 7358.82 | Y N | 06757164000173089 | 6012A | |
| Grand Total | 1915 | 15628.93 | | | | |

| 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(a) of NMFC Item 36B.</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1583 | ctns | | | 14490.14 | | Comforters, Bedspreads | 49017 | 200 |
| 181 | ctns | | | 447.87 | | Pillows, Valance, Towels | 49390 | 100 |
| 151 | ctns | | | 690.92 | | Shower curtain | 49385 | 77.5 |

| | |
|---|---|
| <p>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 _____</p> | <p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p> |
|---|---|

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

| | |
|---|--|
| <p>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.</p> | <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> |
|---|--|

| | | | |
|--|--|---|--|
| <p>SHIPPER SIGNATURE / DATE</p> <p>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.</p> <p>Total Pallet: 33 <i>Scott</i> 10/1/19</p> | <p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> | <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces</p> | <p>CARRIER SIGNATURE / PICKUP DATE</p> <p>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.</p> <p><i>[Signature]</i></p> |
|--|--|---|--|

Date: 10/1/2019 12:12:53 PM

Master Bill Of Lading

Page 2 of 2

| | | | |
|---|----------|---|---|
| SHIP FROM | | Master Bill of Lading Number: 06757164000173287 | |
| Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ FOB: <input type="checkbox"/> | | | |
| SHIP TO | | CARRIER NAME: Swift Transportation | |
| Name: Wal-Mart Centerpoint - 8909 DC#: 8909 Div. _____ Address: 11888 Mission Blvd 8909 City/State/Zip: Jurupa Valley, CA 91762 SID#: _____ FOB: <input type="checkbox"/> | | Trailer number: 171262 Seal number(s): 3713488 SCAC: SWFT Pro Number: _____ | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: _____ Address: _____ City/State/Zip: _____ | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> | |
| SPECIAL INSTRUCTIONS: Load #: 70761098 | | <input checked="" type="checkbox"/> MASTER BILL OF LADING... WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING | |
| | | Appointment Time 11:00 AM | Actual Driver Arrival Time 10:45 AM |
| 1915 | 16628.93 | 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 rules, 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

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:33
Scott
 10/1/19

Trailer Loaded: Freight Counted:

By Shipper By Shipper

By Driver By Driver/pallets said to contain


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.
X M J

Date: 10/1/2019 12:12:30 PM

Bill Of Lading

Page 1 of 1

| | | |
|------------------|-------------------------------|--|
| SHIP FROM | | Bill of Lading Number: 06757164000173089 |
| Name: | E & E COMPANY LTD |  (402)06757164000173089 |
| Address: | 1680 Tide Court | |
| City/State/Zip: | Woodland, CA 95776 | |
| SID#: | FOB: <input type="checkbox"/> | |

| | | |
|-----------------|---|------------------------------------|
| SHIP TO | | CARRIER NAME: Swift Transportation |
| Name: | Wal-Mart DC 6012A - ASM DIS Location #: 6012A | Trailer number: 171262 |
| Address: | 3100 North I-27 | Seal number(s): 3713498 |
| | 6012A | SCAC: SWFT |
| City/State/Zip: | Plainview, TX 79072 | Pro Number: |
| CID#: | FOB: <input type="checkbox"/> | |
| Dept: | 00020 | |

| | | |
|---|--|---|
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) |
| Name: | | Prepaid Collect X 3rd Party |
| Address: | | |
| City/State/Zip: | | |

| | | | |
|------------------------------|----------------------------|---|--|
| SPECIAL INSTRUCTIONS: | | <input type="checkbox"/> Master Bill of Lading: With attached | |
| Load # =70761098 | | (check box) underlying Bills of Lading | |
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time | |
| AM | AM | AM | |
| PM | PM | PM | |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|------------|------------|----------------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pjts Count | WEIGHT | PALLET/ SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4559382272 | 80 | 1 | 346.84 | Y | N | 10/06/2019 | 6012A | 0033 | 00020 | |
| 7658833703 | 864 | 14 | 7358.82 | Y | N | 10/06/2019 | 6012A | 0033 | 00022 | |
| GRAND TOTAL | 944 | 15 | 7705.66 | | | | | | | |

| 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 NMFC Item 360</small> | LTL ONLY | | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | | |
| 760 | ctns | | | 7103.24 | | Comforters, Bedspreads | 49017 | 200 | | |
| 104 | ctns | | | 255.58 | | Pillows, Valance, Towels | 49390 | 100 | | |
| 80 | ctns | | | 346.84 | | Shower curtain | 49385 | 77.5 | | |
| 944 | | | | 7705.66 | | 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

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.

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 certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Properly described above is received in good order, except as noted.

Date: 10/1/2019 12:11:26 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 08757164000173119



SHIP TO
 Name: Wal-Mart DC 6031R-REGULAR Location #: 6031R
 Address: 23701 West Southern Avenue
 6031R
 City/State/Zip: Buckeye, AZ 85326
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Swift Transportation

Trailer number: 171282

Seal number(s): 3713498

SCAC: SWFT

Pro Number:

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:
 Load # =70761098

Master Bill of Lading: with attached underlying Bills of Lading

| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
|------------------|----------------------------|-----------------------|
| AM | AM | AM |
| PM | PM | PM |

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
|-----------------------|--------|------------|---------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 4308521834 | 128 | 3 | 1163.12 | Y | N | 10/05/2019 | 6031R | 0020 | 00022 | |
| GRAND TOTAL | 128 | 3 | 1163.12 | | | | | | | |

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 NMFC Item 330.</small> | LTL ONLY | |
|---------------|------|---------|------|---------|----------|---|----------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 128 | ctns | | | 1163.12 | | Comforters, Bedspreads | 49017 | 200 |
| 128 | | | | 1163.12 | | GRAND TOTAL | | |

When 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

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.


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 certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Date: 10/1/2019 12:11:45 PM

Bill Of Lading

Page 1 of 1

| | | | |
|---|---|--|--|
| SHIP FROM | | Bill of Lading Number: 08757184000173102 | |
| Name: | E & E COMPANY LTD |  (402)06757184000173102 | |
| Address: | 1680 Tide Court | | |
| City/State/Zip: | Woodland, CA 95776 | | |
| SID#: | FOB: <input type="checkbox"/> | | |
| SHIP TO | | CARRIER NAME: Swift Transportation | |
| Name: | Wal-Mart DC 6031A-ASM DIS Location #: 6031A | Trailer number: 171282 | |
| Address: | 23701 West Southern Avenue | Seal number(s): 3713498 | |
| | 6031A | SCAC: SWFT | |
| City/State/Zip: | Buckeye, AZ 85328 | Pro Number: | |
| CID#: | FOB: <input type="checkbox"/> | | |
| Dept: | 00020 | | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | | Prepaid Collect X 3rd Party | |
| Address: | | | |
| City/State/Zip: | | | |

| | | |
|---|----------------------------|-----------------------|
| SPECIAL INSTRUCTIONS: | | |
| Load # =70781008 | | |
| <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | | |
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| AM | AM | AM |
| PM | PM | PM |

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/ SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
|-----------------------|------------|------------|----------------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 5858992321 | 71 | 1 | 344.08 | Y | N | 10/05/2019 | 6031A | 0033 | 00020 | |
| 7758833963 | 564 | 9 | 4436.33 | Y | N | 10/05/2019 | 6031A | 0033 | 00022 | |
| GRAND TOTAL | 635 | 10 | 4780.41 | | | | | | | |

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 NMFC Item 300</small> | LTL ONLY | |
|---------------|------|---------|------|---------|----------|--|----------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 487 | ctns | | | 4244.04 | | Comforters, Bedspreads | 49017 | 200 |
| 77 | ctns | | | 192.29 | | Pillows, Vaiances, Towels | 49390 | 100 |
| 71 | ctns | | | 344.08 | | Shower curtain | 49385 | 77.5 |
| 635 | | | | 4780.41 | | 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

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.

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain 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. Property described above is received in good order, except as noted.

Date: 10/1/2019 12:12:11 PM

Bill Of Lading

Page 1 of 1

| SHIP FROM | | SHIP TO | |
|--|--------------------------|---|---|
| Name: | E & E COMPANY LTD | Name: | Wal-Mart DC 6012R - Regular Location #: 6012R |
| Address: | 1680 Tide Court | Address: | 3101 North Quincy 6012R |
| City/State/Zip: | Woodland, CA 95776 | City/State/Zip: | Plainview, TX 79072 |
| SID#: | | CID#: | |
| FOB: | <input type="checkbox"/> | FOB: | <input type="checkbox"/> |
| Bill of Lading Number: 06757164000173096 | | CARRIER NAME: Swift Transportation | |
|  | | Trailer number: 171282 | |
| (402)06757164000173096 | | Seal number(s): 3713498 | |
| | | SCAC: SWFT | |
| | | Pro Number: | |
| 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: | | Master Bill of Lading: with attached (check box) <input type="checkbox"/> underlying Bills of Lading <input type="checkbox"/> | |
| City/State/Zip: | | Appointment Time | Actual Driver Arrival Time |
| | | AM | AM |
| | | PM | PM |
| SPECIAL INSTRUCTIONS: Load # =70701098 | | Driver Departure Time | AM |
| | | | PM |

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/ SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
|-----------------------|------------|------------|----------------|---------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| 4008521649 | 208 | 5 | 1979.74 | Y | N | 10/06/2019 | 6012R | 0020 | 00022 | |
| GRAND TOTAL | 208 | 5 | 1979.74 | | | | | | | |

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> | LTL ONLY | |
|---------------|------|---------|------|---------|----------|--|----------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 208 | ctns | | | 1979.74 | | Comforters, Bedspreads | 49017 | 200 |
| 208 | | | | 1979.74 | | 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

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.

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain 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. Property described above is received in good order, except as noted.

| | | |
|------------------|--------------------|---|
| SHIP FROM | | Master Bill of Lading Number: 06757164000176516 |
| Name: | E & E COMPANY LTD | |
| Address: | 1680 Tilde Court | |
| City/State/Zip: | Woodland, CA 95778 | |
| SID#: | | FOB: <input type="checkbox"/> |

| | | |
|-----------------|-----------------------------|-------------------------------|
| SHIP TO | | CARRIER NAME: WAL-MART FLEET |
| Name: | Wal-Mart Centerpoint - 6909 | DC#: 6909 |
| | | Div. |
| Address: | 11888 Mission Blvd | Trailer number: 159012 |
| | 6909 | Seal number(s): 3713455 |
| City/State/Zip: | Jurupa Valley, CA 91752 | SCAC: WALM |
| SID#: | | Pro Number: |
| | | FOB: <input type="checkbox"/> |

| | | |
|---|-------|--|
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: |
| Name: | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> |
| Address: | | |
| City/State/Zip: | 10115 | <input checked="" type="checkbox"/> MASTER BILL OF LANDING WITH ATTACHED UNDERLYING BILLS OF LANDING (check box) |
| SPECIAL INSTRUCTIONS: | | Appointment Time: 2:00 AM/PM |
| Load #: 71166878 | | Actual Driver Arrival Time: 7:05 AM/PM |
| | | Driver Departure Time: 7:20 AM/PM |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|-------------|-----------------|--------------------------|---|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | | BOL.# | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 7909162579 | 46 | 154.79 | Y | N | 06757164000176448 | 6037A | |
| 4758521873 | 118 | 1085.34 | Y | N | 06757164000176455 | 6037R | |
| 5214182379 | 70 | 330.45 | Y | N | 06757164000176424 | 6026A | |
| 3608521845 | 235 | 2200.01 | Y | N | 06757164000176431 | 6026R | |
| 8913634444 | 434 | 3544.83 | Y | N | 06757164000176448 | 6037A | |
| 8408833846 | 985 | 8435.55 | Y | N | 06757164000176424 | 6026A | |
| Grand Total | 1888 | 15750.97 | | | | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|------|---------|------|------------|----------|--|----------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFCA Item 300.</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1576 | ctns | | | 14756.34 | | Comforters, Bedspreads | 49017 | 200 |
| 196 | ctns | | | 509.39 | | Pillows, Valance, Towels | 49390 | 100 |
| 116 | ctns | | | 485.24 | | Shower curtain | 49385 | 77.5 |

| | |
|--|--|
| 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"/> |
|--|--|

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 controls 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: 34 Eric O 10/16/19 | 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 | 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. Dennis Z... 10.16.19 |
|--|---|---|--|


Date: 10/15/2019 2:34:56 PM


Master Bill Of Lading

Page 2 of 2

| | | | |
|---|-----------------------------|--|-------------------------------------|
| SHIP FROM | | Master Bill of Lading Number: 06757164000176816 | |
| Name: | E & E COMPANY LTD | | |
| Address: | 1680 Tide Court | | |
| City/State/Zip: | Woodland, CA 95776 | | |
| SID#: | | FOB: | <input type="checkbox"/> |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | |
| Name: | Wal-Mart Centerpoint - 6909 | DC#: | 6909 |
| | | Div. | |
| Address: | 11888 Mission Blvd 6909 | Trailer number: | 159012 |
| | | Seal number(s): | 3713465 |
| City/State/Zip: | Jurupa Valley, CA 91752 | SCAC: | WALM |
| SID#: | | Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: | | Prepaid: | <input type="checkbox"/> |
| Address: | | Collect: | <input checked="" type="checkbox"/> |
| | | 3rd Party: | <input type="checkbox"/> |
| City/State/Zip: | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING | |
| SPECIAL INSTRUCTIONS: | | Appointment Time | Actual Driver Arrival Time |
| Load #: 71166878 | | 2:00 AM PM | 7:05 AM PM |
| | | Driver Departure Time | 7:20 AM PM |
| 1888 | | 15760.97 | Grand Total |

| | | | |
|---|--|--|--|
| <p>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 _____"</p> | | <p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p> | |
| <p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p> | | | |
| <p>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.</p> | | <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> | |
| <p>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></p> <p>Total Pallet: 34 <i>Emuc 10/16/19</i></p> | | <p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p> | |
| | | <p>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></p> <p><i>[Signature]</i> 10.16.19</p> | |

| | | |
|------------------------------------|--------------------------|--|
| SHIP FROM | | Bill of Lading Number: 06767164000176448 |
| Name: E & E COMPANY LTD | Address: 1680 Tide Court |  (402)06767164000176448 |
| City/State/Zip: Woodland, CA 95776 | SID#: _____ | |
| FOB: <input type="checkbox"/> | | |

| | | |
|-------------------------------------|-------------------------------|---|
| SHIP TO | | CARRIER NAME: WAL-MART FLEET |
| Name: Wal-Mart DC 6037A-ASM DIS | Location #: 6037A | Trailer number: 169012 |
| Address: 2650 HWY 395 South | 6037A | Seal number(s): 3713455 |
| City/State/Zip: Hermiston, OR 97838 | | SCAC: WALM |
| CID#: _____ | FOB: <input type="checkbox"/> | Pro Number:  |
| Dept: 00020 | | |

| | | |
|---|----------------|---|
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) |
| Name: _____ | Address: _____ | Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> |
| City/State/Zip: _____ | | |

| | | |
|--|--|-----------------------|
| SPECIAL INSTRUCTIONS: Load # =71166878 | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading | |
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| AM PM | AM PM | AM PM |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|------------|------------|----------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pits Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 7909162579 | 46 | 1 | 154.79 | Y | N | 10/20/2019 | 6037A | 0033 | 00020 | |
| 8913634444 | 434 | 7 | 3544.83 | Y | N | 10/20/2019 | 6037A | 0033 | 00022 | |
| GRAND TOTAL | 480 | 8 | 3699.62 | | | | | | | |

| 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 NMFC Item 300</small> | LTL ONLY | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | |
| 361 | ctns | | | 3351.65 | | Comforters, Bedspreads | 49017 | 200 | |
| 73 | ctns | | | 193.18 | | Pillows, Valance, Towels | 49390 | 100 | |
| 46 | ctns | | | 154.79 | | Shower curtain | 49385 | 77.5 | |
| 480 | | | | 3699.62 | | 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"/> |



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 |

| | | | |
|---|--|--|---|
| 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> | 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. Property described above is received in good order, except as noted.</small> |
|---|--|--|---|

Date: 10/15/2019 2:34:49 PM


Bill Of Lading

| | | | |
|---|---|---|----------------------------|
| SHIP FROM | | Bill of Lading Number: 08757164000176456 | |
| Name: E & E COMPANY LTD | Address: 1680 Tide Court |  (402)08757164000176456 | |
| City/State/Zip: Woodland, CA 95778 | SID#: _____ | | |
| FOB: <input type="checkbox"/> | | | |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | |
| Name: Wal-Mart DC 8037R-REGULAR | Location #: 6037R | Trailer number: 169012 | |
| Address: 2650 HWY 395 South | 6037R | Seal number(s): 8713455 | |
| City/State/Zip: Hermiston, OR 97838 | CID#: _____ | SCAC: WALM | |
| Dept: 00022 | FOB: <input type="checkbox"/> | Pro Number:  | |
| THIRD PARTY-FREIGHT CHARGES BILL TO: | | Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> | |
| Name: _____ | Address: _____ | Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> | |
| City/State/Zip: _____ | SPECIAL INSTRUCTIONS: Load # =71166078 | <input type="checkbox"/> Master Bill of Lading; with attached (check box) underlying Bills of Lading | |
| | | Appointment Time | Actual Driver Arrival Time |
| | | AM PM | AM PM |
| | | Driver Departure Time | AM PM |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|--------|------------|---------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 4758521873 | 118 | 3 | 1085.34 | Y | N | 10/20/2019 | 6037R | 0020 | 00022 | |
| GRAND TOTAL | 118 | 3 | 1085.34 | | | | | | | |

| 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 NMFC Item 300</small> | LTL ONLY | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | |
| 118 | ctns | | | 1085.34 | | Comforters, Bedspreads | 49017 | 200 | |
| 118 | | | | 1085.34 | | GRAND TOTAL | | | |

| | |
|---|---|
| <p>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 _____.</p> | <p>COD Amount: \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p> |
| <p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p> | |
| <p>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.</p> | <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature _____</p> |
| <p>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.</p> | <p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p> |
| <p>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. Property described above is received in good order, except as noted.</p> | |

| | | | |
|-------------------------------------|---|---|--|
| SHIP FROM | | Bill of Lading Number: 06767164000176424 | |
| Name: E & E COMPANY LTD | Address: 1600 Tide Court | City/State/Zip: Woodland, CA 95778 | SID#: <input type="checkbox"/> FOB: <input type="checkbox"/> |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | |
| Name: Wal-Mart DC 6026A - ASM DIS | Location #: 6026A | Trailer number: 159012 | Seal number(s): 3713455 |
| Address: 10817 HWY 98W | 6026A | SCAC: WALM | Pro Number: |
| City/State/Zip: Red Bluff, CA 96080 | CID#: <input type="checkbox"/> FOB: <input type="checkbox"/> |  | |
| Dept: 00020 | THIRD PARTY FREIGHT CHARGES BILL TO: | | |
| Name: | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | |
| Address: | Prepaid <input type="checkbox"/> Collect X 3rd Party | | |
| City/State/Zip: | Master Bill of Lading: with attached (check box) underlying Bills of Lading | | |
| SPECIAL INSTRUCTIONS: | Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| Load # =71166678 | AM | AM | AM |
| | PM | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|-------------|------------|----------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 5214182379 | 70 | 1 | 330.45 | Y | N | 10/19/2019 | 6026A | 0033 | 00020 | |
| 8408833846 | 985 | 17 | 8435.55 | Y | N | 10/19/2019 | 6026A | 0033 | 00022 | |
| GRAND TOTAL | 1055 | 18 | 8766.00 | | | | | | | |

| 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> | LTL ONLY | | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | | |
| 862 | ctns | | | 8119.34 | | Comforters, Bedspreads | 49017 | 200 | | |
| 123 | ctns | | | 316.21 | | Pillows, Valance, Towels | 49390 | 100 | | |
| 70 | ctns | | | 330.45 | | Shower curtain | 49385 | 77.5 | | |
| 1055 | | | | 8766.00 | | 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 _____

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.


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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier notifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Date: 10/18/2019 2:34:42 PM

Bill Of Lading

Page 1 of 1

| | | | |
|-------------------------------------|---|---|--------------------------------|
| SHIP FROM | | Bill of Lading Number: 06767164000176431 | |
| Name: E & E COMPANY LTD | Address: 1600 Tide Court | City/State/Zip: Woodland, CA 96776 | SID#: <input type="checkbox"/> |
| SHIP TO | | CARRIER NAME: WAL-MART FLEET | |
| Name: Wal-Mart DC 6026R - Regular | Location #: 6026R | Trailer number: 169012 | Seal number(s): 3713455 |
| Address: 10813 HWY 99W | 6026R | SCAC: WALM | Pro Number: |
| City/State/Zip: Red Bluff, CA 96080 | CID#: <input type="checkbox"/> |  | |
| Dept: 00022 | THIRD PARTY FREIGHT CHARGES BILL TO: | | |
| Name: | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | |
| Address: | Prepaid <input type="checkbox"/> Collect X 3rd Party | | |
| City/State/Zip: | Master Bill of Lading: with attached (check box) underlying Bills of Lading | | |
| SPECIAL INSTRUCTIONS: | Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| Load # =71166878 | AM | AM | AM |
| | PM | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | | | | | | | |
|----------------------------|------------|------------|----------------|--------------------------|---|----------------------|----------------------------|------------------------|----------------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | Pkts Count | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | Must Deliver By Date | 5-Digit Destination Number | 4-Digit PO Type Number | 5-Digit Dept. Number | Additional Shipper Info |
| 3608521845 | 235 | 5 | 2200.01 | Y | N | 10/19/2019 | 6026R | 0020 | 00022 | |
| GRAND TOTAL | 235 | 5 | 2200.01 | | | | | | | |

| 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 NMFC Item 300</small> | LTL ONLY | | | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS | | |
| 235 | ctns | | | 2200.01 | | Comforters, Bedspreads | 49017 | 200 | | |
| 235 | | | | 2200.01 | | 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"/> |
| 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. | 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 | SHIPPER SIGNATURE 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. Property described above is received in good order, except as noted. |