

Date: 9/20/2019 9:01:12 AM

# Master Bill Of Lading

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

Master Bill of Lading Number: 06757164000170279

**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: WAL-MART FLEET

Trailer number: 147197  
 Seal number(s): 0973183

SCAC: WALM  
 Pro Number:

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

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 70437302

Appointment Time 2:00 <u>PM</u>	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
------------------------------------	--	-----------------------------------

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
5213482231	17	94.33	Y	N	06757164000170149	6035A	
2865200630	96	1018.78	Y	N	06757164000170163	6035G	
8808833769	129	980.62	Y	N	06757164000170149	6035A	
3908521604	19	154.19	Y	N	06757164000170156	6035R	
6102729180	84	892.02	Y	N	06757164000170170	6069G	
6316060211	19	92.76	Y	N	06757164000170187	6069A	
6413623516	410	3490.19	Y	N	06757164000170187	6069A	
2865200588	333	2086.84	Y	N	06757164000170163	6035G	
6102729160	512	3872.34	Y	N	06757164000170170	6069G	
2865200590	427	2852.68	Y	N	06757164000170163	6035G	
6102729159	321	1993.61	Y	N	06757164000170170	6069G	
<b>Grand Total</b>	<b>2367</b>	<b>17528.24</b>					

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

COD Amount \$ \_\_\_\_\_  
 Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  
 [Signature] 9/20/19

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.  
 [Signature] 9-20-19

<b>SHIP FROM</b>		Master Bill of Lading Number: 06767164000170279	
Name:	E & E COMPANY LTD		
Address:	1600 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Dlv.	
Address:	11888 Mission Blvd 6909	Trailer number:	147197
		Seal number(s):	0973183
City/State/Zip:	Jurupa Valley, CA 91752	SCAC:	WALM
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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: Load #: 70437302		Appointment Time	Actual Driver Arrival Time
		2:00 AM PM	AM PM
		Driver Departure Time	AM PM

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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2271	ctns			17200.64		Comforters, Bedspreads	49017	200
60	ctns			140.61		Pillows, Valance, Towels	49390	100
36	ctns			187.09		Shower curtain	49385	77.5
2367				17528.24		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	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.
--	---

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>[Signature]</i> 9/20/19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 9-20-19
--	---	---	---


Date: 9/20/2019 9:00:55 AM

# 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: 06767164000170149  
  
 (402)06757164000170149

**SHIP TO**  
 Name: Wal-Mart DC 6035A-ASM DIS Location #: 6035A  
 Address: 3220 Nevada Terrace  
 6035A  
 City/State/Zip: Ottawa, KS 66067  
 CID#:  
 Dept: 00020  
 FOB:

**CARRIER NAME: WAL-MART FLEET**  
 Trailer number: 147197  
 Seal number(s): 0973103  
**SCAG: 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 X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load # =70437302

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	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
5213482231	17	94.33	Y	N	10/01/2019	6035A	0033	00020	
8808833769	129	980.52	Y	N	10/01/2019	6035A	0033	00022	
<b>GRAND TOTAL</b>	<b>146</b>	<b>1074.85</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stacking 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	
103	ctns			923.37		Comforters, Bedspreads	49017	200	
26	ctns			57.15		Pillows, Valance, Towels	49390	100	
17	ctns			94.33		Shower curtain	49386	77.6	
146				1074.85		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

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/Placas


**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.

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1880 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 08757184000170163  
  
 (402)06757184000170163

**SHIP TO**  
 Name: Wal-Mart DC 6035G-GENERAL Location #: 6035G  
 Address: 3220 Nevada Terrace  
 6035G  
 City/State/Zip: Ottawa, KS 66067  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME: WAL-MART FLEET**  
 Trailer number: 147197  
 Seal number(s): 0973183  
 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 X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load # =70437302

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	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
2865200588	333	2086.84	Y	N	10/04/2019	6035G	0003	00022	
2865200590	427	2852.68	Y	N	10/04/2019	6036G	0003	00022	
2865200630	86	1018.76	Y	N	10/04/2019	6035G	0003	00022	
<b>GRAND TOTAL</b>	<b>856</b>	<b>5958.28</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMPO Item 300</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
856	ctns			5958.28		Comforters, Bedspreads	49017	200	
856				5958.28		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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: 1880 Tide Court  
 City/State/Zip: Woodland, CA 95778  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000170158  
  
 (402)06757164000170158

**SHIP TO**  
 Name: Wal-Mart DC 6036R-REGULAR Location #: 6036R  
 Address: 3270 Nevada Terrace  
 6036R  
 City/State/Zip: Ottawa, KS 68067  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 147197  
 Seal number(s): 0973183

**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 # =70437302

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	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
3908521604	19	154.19	Y	N	10/01/2019	6036R	0020	00022	
<b>GRAND TOTAL</b>	<b>19</b>	<b>154.19</b>							

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
19	ctns			154.19		Comforters, Bedspreads	49017	200		
19				154.19		<b>GRAND TOTAL</b>				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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 \_\_\_\_\_

**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: 06757164000170187



**SHIP TO**  
 Name: Wal-Mart DC 6069A-ASM DIS Location #: 6069A  
 Address: 1200 Mallock Drive  
 6069A  
 City/State/Zip: St. James, MO 65569  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

CARRIER NAME: WAL-MART FLEET

Trailer number: 147197  
 Seal number(s): 0973183

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 # =70437302

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	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
6318080211	19	92.76	Y N	10/01/2019	6069A	0033	00020	
6413523516	410	3490.19	Y N	10/01/2019	6069A	0033	00022	
<b>GRAND TOTAL</b>	<b>429</b>	<b>3582.95</b>						

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
376	ctns			3406.73		Comforters, Bedspreads	49017	200
34	ctns			83.46		Pillows, Valance, Towels	49390	100
19	ctns			92.76		Shower curtain	49385	77.5
429				3582.95		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

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(a)(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: Freight Counted:  
 By Shipper  
 By Driver  
 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: 9/20/2019 9:01:02 AM

# Bill Of Lading

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

Bill of Lading Number: 06757164000170170  
  
 (402)06757164000170170

**SHIP TO**  
 Name: Wal-Mart DC 6069G-GENERAL Location #: 6069G  
 Address: 1200 Matlock Drive  
 6069G  
 City/State/Zip: St. James, MO 66569  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 147197  
 Seal number(s): 0973183  
**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 # = 70437302

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	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliv By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
6102729159	321	1993.61	Y	N	10/04/2019	6069G	0003	00022	
6102729160	512	3872.34	Y	N	10/04/2019	6069G	0003	00022	
6102729180	84	892.02	Y	N	10/04/2019	6069G	0003	00022	
<b>GRAND TOTAL</b>	<b>917</b>	<b>6757.97</b>							

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
917	ctns			6757.97		Comforters, Bedspreads	49017	200
917				6757.97		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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.

Date: 9/20/2019 2:05:41 PM

# Master Bill Of Lading

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

Master Bill of Lading Number: 06757164000170699

**SHIP TO**  
 Name: Wal-Mart Centerpoint - 8909 DC#: 6809  
 Div. \_\_\_\_\_  
 Address: 11888 Mission Blvd  
 6909  
 City/State/Zip: Jurupa Valley, CA 91752  
 SID#: \_\_\_\_\_ FOB:

**CARRIER NAME:** NEW LEGEND TRUCKING  
**Trailer number:** LHC8106  
**Seal number(s):** 0973185  
**SCAC:** LEOS  
**Pro Number:**

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ 9/20  
**SPECIAL INSTRUCTIONS:**  
 Load #: 70437314

**Freight Charge Terms:**  
 Prepaid:  Collect:  3rd Party:   
 (check box) **MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING**  
 Appointment Time: 300 AM PM  
 Actual Driver Arrival Time: \_\_\_\_\_ AM PM  
 Driver Departure Time: \_\_\_\_\_ AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	DC#	Supplier#
3208843631	62	129.22	Y	N	06757164000170675	7036A	
7409042257	121	442.91	Y	N	06757164000170668	6016A	
4508521791	234	2139.08	Y	N	06757164000170682	6016R	
7958833773	1804	13971.46	Y	N	06757164000170668	6016A	
<b>Grand Total</b>	<b>2221</b>	<b>16682.67</b>					

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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1828	ctns			15591.98		Comforters, Bedspreads	49017	200
272	ctns			647.78		Pillows, Valance, Towels	49390	100
121	ctns			442.91		Shower curtain	49385	77.5
2221				16682.67		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_, per \_\_\_\_\_"

**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.  
*Emp 9 9-20-19*

**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 Jim Smith*

Date: 9/20/2019 2:05:35 PM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000170675													
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000170675													
City/State/Zip: Woodland, CA 96776	SID#: _____														
FOB: <input type="checkbox"/>															
<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING													
Name: Wal-Mart DC 7036A - ASM DIS	Location #: 7036A	Trailer number: LHC8106													
Address: 2226 FM 3013 Suite 100	7036A	Seal number(s): 0973106													
City/State/Zip: Sealy, TX 77474	CID#: _____	SCAC: LEGS													
Dept: 00022	FOB: <input type="checkbox"/>	Pro Number: 													
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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													
SPECIAL INSTRUCTIONS: Load # = 70437314		<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>(check box)</td> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td></td> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </table>		<input type="checkbox"/>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	(check box)	AM	AM	AM		PM	PM	PM
<input type="checkbox"/>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time												
(check box)	AM	AM	AM												
	PM	PM	PM												

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	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
3208843631	62	129.22	Y	N	10/03/2019	7036A	0033	00022	
<b>GRAND TOTAL</b>	<b>62</b>	<b>129.22</b>							


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
39	ctns			105.07		Comforters, Bedspreads	49017	200
23	ctns			24.16		Pillows, Valance, Towels	49390	100
62				129.22		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"		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 _____ Date: _____	
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 sealed 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**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 08757164000170668  
  
 (402)08757164000170668

**SHIP TO**  
 Name: Wal-Mart DC 6016A - ASM DIS Location #: 6016A  
 Address: 3920 Ih 36 North  
 6016A  
 City/State/Zip: New Braunfels, TX 78130  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** NEW LEGEND TRUCKING  
 Trailer number: LHC8108  
 Seal number(s): 0873186  
**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 # =70437314

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	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
7409042267	121	442.91	Y	N	09/30/2019	6016A	0033	00020	
7958833773	1804	13971.46	Y	N	09/30/2019	6016A	0033	00022	
<b>GRAND TOTAL</b>	<b>1925</b>	<b>14414.37</b>							

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 500</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1655	ctns			13347.83		Comforters, Bedspreads	49017	200
249	ctns			623.63		Pillows, Valance, Towels	49390	100
121	ctns			442.91		Shower curtain	49385	77.5
1925				14414.37		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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/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.

# Bill of Lading

<b>SHIP FROM</b>		Name: E & E COMPANY LTD		Bill of Lading Number: 06767184000170682	
Address: 1680 Tide Court		City/State/Zip: Woodland, CA 95776		 (402)06767184000170682	
SID#: _____		FOB: <input type="checkbox"/>		<b>SHIP TO</b>	
Name: Wal-Mart DC 6016R - Regular		Location #: 6016R		CARRIER NAME: NEW LEGEND TRUCKING	
Address: 3930 In 35 North		6016R		Trailer number: LHC8106	
City/State/Zip: New Braunfels, TX 78130		CID#: _____		Seal number(s): 0073186	
Dept: 00022		FOB: <input type="checkbox"/>		SCAC: LEGS	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____		Pro Number: _____	
					
Address: _____		City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS:		Prepaid <input type="checkbox"/>		Collect <input checked="" type="checkbox"/>	
Load # =70437314		Master Bill of Lading: with attached underlying Bills of Lading		3rd Party <input type="checkbox"/>	
		(check box)		Appointment Time	
				Actual Driver Arrival Time	
				Driver Departure Time	
				AM	
				PM	

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	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
4508521791	234	2139.08	Y	N	09/30/2019	6016R	0020	00022	
<b>GRAND TOTAL</b>	<b>234</b>	<b>2139.08</b>							

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
234	ctns			2139.08		Comforters, Bedspreads	49017	200
234				2139.08		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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.

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000170248
Name:	E & E COMPANY LTD	
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

<b>SHIP TO</b>		CARRIER NAME: Swift Transportation
Name:	Wal-Mart Centerpoint - 6909	DC#: 6909
		Div.
Address:	11888 Mission Blvd 6909	Trailer number: 134792
		Seal number(s): 0973169
City/State/Zip:	Jurupa Valley, CA 91752	SCAC: SWFT
SID#:		Pro Number:
		FOB: <input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 LANDING: WITH ATTACHED
City/State/Zip:	9/20	<input type="checkbox"/> UNDERLYING BILLS OF LANDING
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time
Load #: 70437318		Actual Driver Arrival Time
		Driver Departure Time
		10:00 <sup>AM</sup> <sub>PM</sub>
		9:40 <sup>AM</sup> <sub>PM</sub>
		11:50 <sup>AM</sup> <sub>PM</sub>

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4559382215	75	305.80	Y	N	06757164000169990	6012A	
3358843634	115	441.28	Y	N	06757164000169969	6036A	
4008521613	130	1245.38	Y	N	06757164000169983	6012R	
0653748087	447	3130.23	Y	N	06757164000169976	6036G	
0653748086	521	3830.32	Y	N	06757164000169976	6036G	
7658833615	1115	8398.27	Y	N	06757164000169990	6012A	
<b>Grand Total</b>	<b>2403</b>	<b>17351.28</b>					

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 NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2120	ctns			16559.31		Comforters, Bedspreads	49017	200
208	ctns			486.17		Pillows, Valance, Towels	49390	100
75	ctns			305.80		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 _____	<b>COD Amount \$</b> 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.

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Scott 9/20/19</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Sam B...</i> 9-20-19
--	--	--	--




Date: 9/20/2019 11:43:63 AM


# Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06767164000169990  
  
 (402)06767164000169990

**SHIP TO**  
 Name: Wal-Mart DC 6012A - ASM DIS Location #: 6012A  
 Address: 3100 North I-27  
 6012A  
 City/State/Zip: Plainview, TX 79072  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** Swift Transportation  
 Trailer number: 134792  
 Seal number(s): 0873169  
**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 # =70437318

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	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	
4559382215	75	305.80	Y	N	09/25/2019	6012A	0033	00020		
7658833615	1115	8398.27	Y	N	09/25/2019	6012A	0033	00022		
<b>GRAND TOTAL</b>	<b>1190</b>	<b>8704.07</b>								

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(a) of NMFC Item 500.</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
943	ctns			7949.90		Comforters, Bedspreads	49017	200		
172	ctns			448.37		Pillows, Valance, Towels	49390	100		
75	ctns			305.80		Shower curtain	49385	77.5		
<b>1190</b>				<b>8704.07</b>		<b>GRAND TOTAL</b>				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**COD Amount:** \$ \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.


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

**SHIPPER SIGNATURE**  
**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: 9/20/2019 11:43:49 AM

# Bill Of Lading

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

Bill of Lading Number: 06757164000169988  
  
 (402)06757164000169969

**SHIP TO**  
 Name: Wal-Mart DC 6036A-ASM DIS Location #: 6036A  
 Address: 8660 South US Hwy 79  
 6036A  
 City/State/Zip: Palestine, TX 75803  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

CARRIER NAME: Swift Transportation  
 Trailer number: 134792  
 Seal number(s): 0973169  
 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 X 3rd Party

SPECIAL INSTRUCTIONS:  
 Load # =70437318

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	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
3358843634	115	441.28	Y	N	10/01/2019	6036A	0033	00022	
<b>GRAND TOTAL</b>	<b>115</b>	<b>441.28</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
79	ctns			403.48		Comforters, Bedspreads	49017	200	
36	ctns			37.80		Pillows, Valance, Towels	49390	100	
115				441.28		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

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 consignee  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: 9/20/2019 11:44:00 AM


# Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757164000169983  
  
 (402)06757164000169983

**SHIP TO**  
 Name: Wal-Mart DC 6012R - Regular Location #: 6012R  
 Address: 3101 North Gulnogy  
 6012R  
 City/State/Zip: Plainview, TX 79072  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** Swift Transportation  
 Trailer number: 134792  
 Seal number(s): 0873169  
**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 X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load # =70437318

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

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	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	
4008521613	130	1245.38	Y	N	09/25/2019	6012R	0020	00022		
<b>GRAND TOTAL</b>	<b>130</b>	<b>1245.38</b>								

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 309.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
130	ctns			1245.38		Comforters, Bedspreads	49017	200	
130				1245.38		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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.

Date: 9/20/2019 11:43:57 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 08757164000169976	
Name: E & E COMPANY LTD		 (402)06767164000169976	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#: _____ FOB: <input type="checkbox"/>		<b>CARRIER NAME:</b> Swift Transportation	
<b>SHIP TO</b>		Trailer number: 134792	
Name: Wal-Mart DC 6036G-GENERAL Location #: 6036G		Seal number(s): 0873169	
Address: 8680 South US Hwy 79		SCAC: 8WFT	
6036G		Pro Number: 	
City/State/Zip: Palestine, TX 75803		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  Prepaid                      Collect X                      3rd Party  <input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading	
CID#: _____ FOB: <input type="checkbox"/>			
Dept: 00022			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Appointment Time      Actual Driver Arrival Time      Driver Departure Time	
Name: _____		AM                                      AM                                      AM	
Address: _____		PM                                      PM                                      PM	
City/State/Zip: _____			
SPECIAL INSTRUCTIONS:			
Load # = 70437318			

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	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
0653748086	521	3830.32	Y	N	10/04/2019	6036G	0003	00022	
0653748087	447	3130.23	Y	N	10/04/2019	6036G	0003	00022	
<b>GRAND TOTAL</b>	<b>968</b>	<b>6960.55</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(s) of NMFC Item 500.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
968	ctns			6960.55		Comforters, Bedspreads	49017	200	
968				6960.55		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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**

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
--	--	--	--

<b>SHIP FROM</b>		Master Bill of Lading Number: 08757164000168856	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		<b>CARRIER NAME: WAL-MART FLEET</b>	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	11888 Mission Blvd 6909	Trailer number:	127066
		Seal number(s):	0973161
City/State/Zip:	Jurupa Valley, CA 91752	SCAC:	WALM
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 70953663		2:00 <sup>AM</sup> <del>PM</del>	
		Driver Departure Time	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
1059392170	7	25.27	Y	N	06757164000168788	7039A	
5214182245	23	102.84	Y	N	06757164000168726	6026A	
3608521735	84	787.88	Y	N	06757164000168733	6026R	
3558521477	70	674.02	Y	N	06757164000168795	7039R	
4509382173	16	82.97	Y	N	06757164000168764	7026A	
3908521593	100	921.94	Y	N	06757164000168757	6035R	
5213482222	21	96.81	Y	N	06757164000168740	6035A	
8408833634	349	2610.51	Y	N	06757164000168726	6026A	
8358833633	361	2905.70	Y	N	06757164000168764	7026A	
8958833418	404	3367.50	Y	N	06757164000168788	7039A	
3408521543	40	393.34	Y	N	06757164000168771	7026R	
8808833757	475	3871.04	Y	N	06757164000168740	6035A	
<b>Grand Total</b>	<b>1950</b>	<b>15639.82</b>					

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

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.  
 Scott 9/17/19

**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 [Signature] 9.18.19

Date: 9/17/2019 12:19:16 PM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000168856	
Name:	E & E COMPANY LTD	Address:	1680 Tide Court
City/State/Zip:	Woodland, CA 95776	SID#:	FOB: <input type="checkbox"/>


<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
Address:	11888 Mission Blvd 6909	Div.:	
City/State/Zip:	Jurupa Valley, CA 91752	SID#:	FOB: <input type="checkbox"/>
Trailer number:		127066	
Seal number(s):		0873161	
SCAC:		WALM	
Pro Number:			

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
Load #: 70353663		Appointment Time	Actual Driver Arrival Time
		2:00 AM	AM
		PM	PM
		Driver Departure Time	AM
			PM


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 NMFC Item 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1597	ctns			14848.44		Comforters, Bedspreads	49017	200
286	ctns			683.49		Pillows, Valance, Towels	49390	100
67	ctns			307.89		Shower curtain	49386	77.5
1960				15839.82		<b>Grand Total</b>		

<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><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  <i>Scott 9/17/19</i></p>		<p><b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	
		<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>	

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1880 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000168788  
  
 (402)06757164000168788

**SHIP TO**  
 Name: Wal-Mart DC 7039A-ASM DIS Location #: 7039A  
 Address: 111 Distribution Way  
 7039A  
 City/State/Zip: Beaver Dam, WI 53916  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 127066  
 Seal number(s): 0973161  
**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 # = 70353683

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	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
1069392170	7	25.27	Y	N	09/28/2019	7039A	0033	00020	
8958833418	404	3367.50	Y	N	09/28/2019	7039A	0033	00022	
<b>GRAND TOTAL</b>	<b>411</b>	<b>3392.77</b>							

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
328	ctns			3204.12		Comforters, Bedspreads	49017	200
76	ctns			163.36		Pillows, Vaance, Towels	49390	100
7	ctns			25.27		Shower curtain	49385	77.5
411				3392.77		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000168726  
  
 (402)06757164000168726

**SHIP TO**  
 Name: Wal-Mart DC 6026A - ASM DIS Location #: 6026A  
 Address: 10817 HWY 99W  
 6026A  
 City/State/Zip: Red Bluff, CA 96080  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME: WAL-MART FLEET**  
 Trailer number: 127066  
 Seal number(s): 0973161  
**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 # = 70353663

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	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
5214182246	23	102.84	Y	N	09/21/2019	6026A	0033	00020	
8408833634	349	2610.51	Y	N	09/21/2019	6026A	0033	00022	
<b>GRAND TOTAL</b>	<b>372</b>	<b>2713.35</b>							

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFCA Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
287	ctns			2450.77		Comforters, Bedspreads	49017	200
62	ctns			159.74		Pillows, Valance, Towels	49390	100
23	ctns			102.84		Shower curtain	49386	77.5
372				2713.35		<b>GRAND TOTAL</b>		

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: 9/17/2019 12:19:13 PM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000168733
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000168733
City/State/Zip: Woodland, CA 95778	SID#: _____	
FOB: <input type="checkbox"/>		

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
Name: Wal-Mart DC 6026R - Regular	Location #: 6026R	Trailer number: 127066
Address: 10813 HWY 99W	6026R	Seal number(s): 0973161
City/State/Zip: Red Bluff, CA 96080		<b>SCAC:</b> WALM
CID#: _____	FOB: <input type="checkbox"/>	<b>Pro Number:</b>
Dept: 00022		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>
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"/>

<b>SPECIAL INSTRUCTIONS:</b>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load # =70353663	AM	AM	AM
	PM	PM	PM

CUSTOMER ORDER INFORMATION								Additional Shipper Info
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number
3608521735	84	787.88	Y	N	09/21/2019	6026R	0020	00022
<b>GRAND TOTAL</b>	<b>84</b>	<b>787.88</b>						

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 969</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS					
84	ctns			787.88		Comforters, Bedspreads	49017	200		
84				787.88		<b>GRAND TOTAL</b>				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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, either/or to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
	<b>Shipper Signature</b>		


<b>SHIP FROM</b>		Bill of Lading Number: 06757164000168795										
Name: E & E COMPANY LTD		 (402)06757164000168795										
Address: 1680 Tide Court												
City/State/Zip: Woodland, CA 95776												
SID#: _____ FOB: <input type="checkbox"/>		<b>SHIP TO</b>										
Name: Wal-Mart DC 7039R-REGULAR Location #: 7039R		CARRIER NAME: WAL-MART FLEET										
Address: 113 Distribution Way		Trailer number: 127086										
City/State/Zip: 7039R		Seal number(s): 0973161										
City/State/Zip: Beaver Dam, WI 53916		SCAC: WALM										
CID#: _____ FOB: <input type="checkbox"/>		Pro Number: _____										
Dept: 00022												
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>												
Name: _____												
Address: _____		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>										
City/State/Zip: _____		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>										
SPECIAL INSTRUCTIONS: Load # =70353663		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bill of Lading										
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dep't. Number	Additional Shipper Info
3558521477	70	674.02	Y	N	09/28/2019	7039R	0020	00022	
<b>GRAND TOTAL</b>	<b>70</b>	<b>674.02</b>							


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(e) of NMFC Item 360.</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
70	ctns			674.02		Comforters, Bedspreads	49017	200
70				674.02		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).</b>	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver
<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	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 _____	

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

Bill of Lading Number: 06757164000168764  
  
 (402)06757164000168764

**SHIP TO**  
 Name: Wal-Mart DC 7026A - ASM DIS Location #: 7026A  
 Address: 945 North State Road 138  
 7026A  
 City/State/Zip: Grantsville, UT 84029  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 127086  
 Seal number(s): 0973181  
**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 # =70363683

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	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
4509382173	16	82.97	Y	N	09/22/2019	7026A	0033	00020	
8368833633	361	2905.70	Y	N	09/22/2019	7026A	0033	00022	
<b>GRAND TOTAL</b>	<b>377</b>	<b>2988.67</b>							

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFQ Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
299	ctns			2757.02		Comforters, Bedspreads	49017	200
62	ctns			148.68		Pillows, Valance, Towels	49390	100
16	ctns			82.97		Shower curtain	49385	77.5
<b>377</b>				<b>2988.67</b>		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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: 9/17/2019 12:19:01 PM

**Bill Of Lading**

Page 1 of 1

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

Bill of Lading Number: 08757164000168757



**SHIP TO**  
 Name: Wal-Mart DC 8035R-REGULAR Location #: 6035R  
 Address: 3270 Nevada Terrace  
 6035R  
 City/State/Zip: Ottawa, KS 68067  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME: WAL-MART FLEET**

Trailer number: 127068  
 Seal number(s): 0973161

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  
 (check box)

**SPECIAL INSTRUCTIONS:**  
 Load # =70353663

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

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	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
3908521593	100	921.94	Y	N	09/28/2019	6035R	0020	00022	
<b>GRAND TOTAL</b>	100	921.94							

**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 509.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
100	ctns			921.94		Comforters, Bedspreads	49017	200
100				921.94		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000168740  
  
 (402)06757164000168740

**SHIP TO**  
 Name: Wal-Mart DC 6036A-ASM DIS Location #: 6036A  
 Address: 3220 Nevada Terrace  
 6036A  
 City/State/Zip: Ottawa, KS 66067  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 127066  
 Seal number(s): 0973181  
**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 # =70353683

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	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
5213482222	21	96.81	Y	N	09/28/2019	6035A	0033	00020	
8808833757	475	3871.04	Y	N	09/28/2019	6035A	0033	00022	
<b>GRAND TOTAL</b>	<b>496</b>	<b>3967.85</b>							

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 309</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
389	ctns			3659.35		Comforters, Bedspreads	49017	200
86	ctns			211.69		Pillows, Valance, Towels	49390	100
21	ctns			96.81		Shower curtain	49385	77.5
496				3967.85		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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: 1680 Tide Court  
 City/State/Zip: Woodland, CA 96776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757184000168771



**SHIP TO**  
 Name: Wal-Mart DC 7026R - REGULAR Location #: 7026R  
 Address: 917 North State Road 138  
 7026R  
 City/State/Zip: Grantsville, UT 84029  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

CARRIER NAME: WAL-MART FLEET

Trailer number: 127066  
 Seal number(s): 0973161

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 # = 70353663

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	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
3408521543	40	393.34	Y	N	09/22/2019	7026R	0020	00022	
<b>GRAND TOTAL</b>	<b>40</b>	<b>393.34</b>							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged so to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
40	ctns			393.34		Comforters, Bedspreads	49017	200
40				393.34		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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: 10/9/2019 7:42:48 AM

# Master Bill Of Lading

Page 1 of 2

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000175472	
Name:	E & E COMPANY LTD	DC#:	6909
Address:	1680 Tide Court	Div.	
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		<b>CARRIER NAME: NEW LEGEND TRUCKING</b>	
Name:	Wal-Mart Centerpoint - 6909	Trailer number:	
Address:	11808 Mission Blvd 6909	Seal number(s):	
City/State/Zip:	Jurupa Valley, CA 91752	SCAC: LEGS	
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 70963005		Appointment Time	Actual Driver Arrival Time
		1:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Driver Departure Time	8:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4509382266	41	173.29	Y	N	06757164000175397	7026A	
7909162542	72	330.74	Y	N	06757164000175373	6037A	
3408521608	115	975.01	Y	N	06757164000175403	7026R	
8358833779	811	7041.71	Y	N	06757164000175397	7026A	
4758521842	126	1071.80	Y	N	06757164000175380	6037R	
8913634375	797	6401.40	Y	N	06757164000175373	6037A	
<b>Grand Total</b>	1962	15993.95					

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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1726	ctns			15181.67		Comforters, Bedspreads	49017	200
123	ctns			308.25		Pillows, Valance, Towels	49390	100
113	ctns			504.03		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><b>COD Amount \$</b> _____</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 style="text-align: right;"><b>Shipper Signature</b></p>
---	---

<p><b>SHIPPER SIGNATURE / DATE</b>  <small>Title 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>Scott</i></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><b>CARRIER SIGNATURE / PICKUP DATE</b>  <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>x-Keri Robinson</i> 10/9/19</p>
--	--	--	---

10/9/19

Date: 10/9/2019 7:42:48 AM

# Master Bill Of Lading

### SHIP FROM

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

Master Bill of Lading Number: 06767164000176472

### SHIP TO

Name: Wal-Mart Centerpoint - 6909 DC#: 6909  
Div. \_\_\_\_\_  
Address: 11088 Mission Blvd 6909  
City/State/Zip: Jurupa Valley, CA 91752  
SID#: \_\_\_\_\_ FOB:

CARRIER NAME: NEW LEGEND TRUCKING

Trailer number:  
Seal number(s):  
SCAC: LEGS  
Pro Number:

### THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
Address:  
City/State/Zip:

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

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

### SPECIAL INSTRUCTIONS:

Load #: 70963005

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1:00 AM	6:00 AM	8:00 AM

1962

16993.95

Grand Total

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
\*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

COD Amount \$ \_\_\_\_\_

Fee Terms: Collect:  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: 34

*Scott*  
10/9/19

### 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.

*Kern Robinson*  
10/9/19

Date: 10/9/2019 7:42:01 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000175397
Name: E & E COMPANY LTD		 (402)06757164000175397
Address: 1880 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#: _____ FOB: <input type="checkbox"/>		
<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING
Name: Wal-Mart DC 7026A - ASM DIS Location #: 7026A		Trailer number:
Address: 946 North State Road 138		Seal number(s):
7026A		SCAC: LEGS
City/State/Zip: Granville, UT 84029		Pro Number:
CID#: _____ FOB: <input type="checkbox"/>		
Dept: 00020		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		
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 (check box)
SPECIAL INSTRUCTIONS:		Appointment Time
Load # =70963005		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
4509382266	41	1	173.29	Y	N	10/13/2019	7026A	0033	00020	
8358833779	811	16	7041.71	Y	N	10/13/2019	7026A	0033	00022	
<b>GRAND TOTAL</b>	<b>852</b>	<b>16</b>	<b>7215.00</b>							

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
762	ctns			6922.60		Comforters, Bedspreads	49017	200
49	ctns			119.11		Pillows, Valance, Towels	49390	100
41	ctns			173.29		Shower curtain	49385	77.5
852				7215.00		<b>GRAND TOTAL</b>		

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. - 14708(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 consignee 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: 10/9/2019 7:42:29 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM:</b>		Bill of Lading Number: 06757164000176373
Name: E & E COMPANY LTD	Address: 1880 Tide Court	 (402)06757164000176373
City/State/Zip: Woodland, CA 95776	SID#: _____	
FOB: <input type="checkbox"/>		

<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING
Name: Wal-Mart DC 6037A-ASM DIS	Location #: 6037A	Trailer number:
Address: 2650 HWY 395 South	6037A	Seal number(s):
City/State/Zip: Hermiston, OR 97836		SCAC: LEGS
CID#: _____	FOB: <input type="checkbox"/>	Pro Number:
Dept: 00020		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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:		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>

<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load # =70983005		AM	AM	AM
		PM	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
7909162542	72	1	330.74	Y	N	10/13/2019	6037A	0033	00020	
8913634376	797	12	6401.40	Y	N	10/13/2019	6037A	0033	00022	
<b>GRAND TOTAL</b>	869	13	6732.14							

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 300.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
723	ctns			6212.26		Comforters, Bedspreads	49017	200	
74	ctns			189.14		Pillows, Valance, Towels	49390	100	
72	ctns			330.74		Shower curtain	49385	77.5	
869				6732.14		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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: 10/9/2019 7:41:46 AM

**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: 06757164000175403



**SHIP TO**

Name: Wal-Mart DC 7026R - REGULAR Location #: 7026R  
 Address: 917 North State Road 138  
 7026R  
 City/State/Zip: Grantsville, UT 84029  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

CARRIER NAME: NEW LEGEND TRUCKING

Trailer number:  
 Seal number(s):

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 # =70063005

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

**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
3408521608	115	2	975.01	Y	N	10/13/2019	7026R	0020	00022	
<b>GRAND TOTAL</b>	115	2	975.01							

**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(e) of NMFC Item 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
115	ctns			975.01		Comforters, Bedspreads	49017	200
115				975.01		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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: 10/9/2019 7:42:15 AM

**Bill Of Lading**

<b>SHIP FROM</b>		Bill of Lading Number: 08757164000175380	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000175380	
City/State/Zip: Woodland, CA 95776	SID#: _____		
FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Wal-Mart DC 6037R-REGULAR	Location #: 6037R	Trailer number:	
Address: 2660 HWY 395 South	6037R	Seal number(s):	
City/State/Zip: Hermiston, OR 97838		SCAC: LEGS	
CID#: _____	FOB: <input type="checkbox"/>	Pro Number:	
Dept: 00022			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load # =70963005		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	P/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
4758521842	126	3	1071.80	Y	N	10/13/2019	6037R	0020	00022	
<b>GRAND TOTAL</b>	<b>126</b>	<b>3</b>	<b>1071.80</b>							

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 382</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
126	ctns			1071.80		Comforters, Bedspreads	49017	200		
126				1071.80		<b>GRAND TOTAL</b>				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	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.
--	---

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	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	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Properly described above is received in good order, except as noted.
--	---	---	--

Date: 10/8/2019 1:28:06 PM

## Master Bill Of Lading

Page 1 of 2

SHIP FROM					Master Bill of Lading Number: 06757164000175458		
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		Trailer number: XTRA-U94730		
		Div.			Seal number(s): 3713461		
Address:	11880 Mission Blvd 6909				SCAC: LEGS		
City/State/Zip:	Jurupa Valley, CA 91782				Pro Number:		
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 LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip:					Appointment Time: 10:00 AM		
SPECIAL INSTRUCTIONS:	Load #: 70962991				Actual Driver Arrival Time: 12:15 PM		
					Driver Departure Time: 1:40 PM		
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	DC#	Supplier#
1059392263	31	146.30	Y	N	06757164000175328	7039A	
3658521640	93	898.45	Y	N	06757164000175335	7039R	
5958992309	53	222.40	Y	N	06757164000175304	6025A	
2908521467	115	1076.85	Y	N	06757164000175298	6009R	
3268521861	175	1527.43	Y	N	06757164000175311	6025R	
6266060295	15	76.14	Y	N	06757164000175281	6009A	
8958833568	351	2972.16	Y	N	06757164000175328	7039A	
9008833515	350	2972.70	Y	N	06757164000175281	6009A	
4157843797	871	6617.88	Y	N	06757164000175304	6025A	
<b>Grand Total</b>	2054	16510.11					

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"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(e)(1)(A) and (B).</b>			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallets: 37 <i>Scott</i> 10/8/19		<b>SHIPPER SIGNATURE</b> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards, Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 10/8/19	

Date: 10/8/2019 1:28:06 PM

# Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757164000175458	
Name:	E & E COMPANY LTD		
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name:	Wal-Mart Centerpoint - 8909	DC#:	8909
		Div.	
Address:	11888 Mission Blvd 8909	Trailer number:	XTRA-U04730
		Seal number(s):	3713461
City/State/Zip:	Jurupa Valley, CA 91782	SCAC:	LEGS
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

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 #: 70982981		10:00 <sup>AM</sup> / <sub>PM</sub>	12:15 <sup>AM</sup> / <sub>PM</sub>
		Driver Departure Time	1:40 <sup>AM</sup> / <sub>PM</sub>

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 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1780	ctns			15635.64		Comforters, Bedspreads	49017	200
175	ctns			429.63		Pillows, Valance, Towels	49390	100
99	ctns			444.84		Shower curtain	49385	77.5
2054				16510.11		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	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 <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> Total Pallets: 37 <i>[Signature]</i> 10/8/19	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 <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> <i>[Signature]</i> 10/8/19
--	---	---	---

Date: 10/8/2019 1:27:49 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: 08757164000175328



**SHIP TO**  
 Name: Wal-Mart DC 7039A-ASM DIS Location #: 7039A  
 Address: 111 Distribution Way  
 7039A  
 City/State/Zip: Beaver Dam, WI 53916  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

CARRIER NAME: NEW LEGEND TRUCKING

Trailer number: XTRA-U94730

Seal number(s): 3713461

SCAC: LEGS

Pro Number:

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

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

Prepaid Collect X 3rd Party

SPECIAL INSTRUCTIONS:  
 Load # =70962091

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

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
1059992263	31	1	146.30	Y N	10/19/2019	7039A	0033	00020	
8958833568	351	7	2972.16	Y N	10/19/2019	7039A	0033	00022	
<b>GRAND TOTAL</b>	<b>382</b>	<b>8</b>	<b>3118.46</b>						

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
299	ctns			2849.90		Comforters, Bedspreads	49017	200
52	ctns			122.26		Pillows, Valance, Towels	49390	100
31	ctns			146.30		Shower curtain	49385	77.5
382				3118.46		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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: 10/8/2019 1:28:00 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM											
Name: E & E COMPANY LTD					Bill of Lading Number: 08767164000175335						
Address: 1680 Tide Court											
City/State/Zip: Woodland, CA 95776					(402)06767164000175335						
SID#:					FOB: <input type="checkbox"/>						
SHIP TO											
Name: Wal-Mart DC 7039R-REGULAR Location #: 7039R					CARRIER NAME: NEW LEGEND TRUCKING						
Address: 113 Distribution Way					Trailer number: XTRA-U94730						
7039R					Seal number(s): 3713481						
City/State/Zip: Beaver Dam, WI 53916					SCAC: LEGS						
CID#:					Pro Number:						
Dept: 00022											
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						
Address:					Master Bill of Lading: with attached underlying Bills of Lading						
City/State/Zip:					(check box)						
SPECIAL INSTRUCTIONS:					Appointment Time			Actual Driver Arrival Time		Driver Departure Time	
Load # =70962991					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	
3568521540	93	2	898.45	Y	N	10/19/2019	7039R	0020	00022		
<b>GRAND TOTAL</b>	<b>93</b>	<b>2</b>	<b>898.45</b>								
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY				
QTY	TYPE	QTY	TYPE				NMFC #	CLASS			
93	ctns			898.45		Comforters, Bedspreads	49017	200			
93				898.45		<b>GRAND TOTAL</b>					

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: \$ _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).</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: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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. Properly described above is received in good order, except as noted.	

Date: 10/8/2019 1:27:56 PM


# Bill Of Lading

Page 1 of 1

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 96776  
 SID#:  
 FOB:

Bill of Lading Number: 06767164000175304  
  
 (402)06767164000175304

**SHIP TO**  
 Name: Wal-Mart DC 6025A - ASM DIS Location #: 8025A  
 Address: 6140 3M Drive  
 8025A  
 City/State/Zip: Menomonie, WI 54751  
 CID#:  
 Dept: 00020  
 FOB:

**CARRIER NAME:** NEW LEGEND TRUCKING  
 Trailer number: XTRA-U94730  
 Seal number(s): 3713461  
**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 # =70962991

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
5958992309	53	1	222.40	Y	N	10/21/2019	6025A	0033	00020	
4157943797	871	13	6617.88	Y	N	10/21/2019	6025A	0033	00022	
<b>GRAND TOTAL</b>	924	14	8840.28							

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 363</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	NMFC #	CLASS							
793	ctns					6428.52						Comforters, Bedspreads	49017	200		
78	ctns					189.36						Pillows, Valance, Towels	49390	100		
53	ctns					222.40						Shower curtain	49385	77.5		
924						8840.28						<b>GRAND TOTAL</b>				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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 consignee  By Driver/Piece

**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 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757184000175298  
  
 (402)06757184000175298

**SHIP TO**  
 Name: Wal-Mart DC 6009R - Regular Location #: 8009R  
 Address: 1100 North Iris Street  
 6009R  
 City/State/Zip: Mount Pleasant, IA 52641  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** NEW LEGEND TRUCKING  
 Trailer number: XTRA-U94730  
 Seal number(s): 3713481  
**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 # = 70962991

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
2908521487	115	2	1076.65	Y	N	10/19/2019	6009R	0020	00022	
<b>GRAND TOTAL</b>	<b>115</b>	<b>2</b>	<b>1076.65</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 36a</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
115	ctns			1076.65		Comforters, Bedspreads	49017	200	
115				1076.65		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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 verified 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: 10/8/2019 1:27:46 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: 06757164000175311



**SHIP TO**  
 Name: Wal-Mart DC 6026R - Regular Location #: 6026R  
 Address: 6120 3M Drive  
 6026R  
 City/State/Zip: Menomonie, WI 54751  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** NEW LEGEND TRUCKING

Trailer number: XTRA-U94730

Seal number(s): 3713461

**SCAG:** 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

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

**SPECIAL INSTRUCTIONS:**  
 Load # =70962991

**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
3268521661	175	4	1527.43	Y	N	10/21/2019	6025R	0020	00022	
<b>GRAND TOTAL</b>	175	4	1527.43							

**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 349.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
175	ctns			1527.43		Comforters, Bedspreads	49017	200
175				1527.43		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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: 10/8/2019 1:27:52 PM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000175281	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	City/State/Zip: Woodland, CA 95776	SID#: <input type="checkbox"/> FOB: <input type="checkbox"/>
<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Wal-Mart DC 6009A - ASM DIS	Location #: 6009A	Trailer number: XTRA-U94730	Seal number(s): 8713461
Address: 1501 Maple Leaf Road	6009A	SCAC: LEGS	Pro Number:
City/State/Zip: Mount Pleasant, IA 52841	CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>		
Dept: 00022	<b>THIRD PARTY/FREIGHT CHARGES BILL TO:</b>		
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:	Prepaid <input type="checkbox"/> Collect X 3rd Party		
City/State/Zip:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS:	Appointment Time Actual Driver Arrival Time Driver Departure Time		
Load # =70982991	AM PM AM PM 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
9008833515	350	6	2972.70	Y	N	10/19/2019	6009A	0033	00022	
6266060295	15	1	76.14	Y	N	10/19/2019	6009A	0033	00020	
<b>GRAND TOTAL</b>	<b>365</b>	<b>7</b>	<b>3048.84</b>							

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 350</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
305	ctns			2854.89		Comforters, Bedspreads	49017	200	
45	ctns			118.01		Pillows, Valance, Towels	49390	100	
16	ctns			76.14		Shower curtain	49385	77.5	
366				3048.84		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: \$ _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b>			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> <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>		<b>SHIPPER SIGNATURE</b>	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		<b>CARRIER SIGNATURE / PICKUP DATE</b> <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. Properly described above is received in good order, except as noted.</small>	

Date: 10/8/2019 10:53:56 AM

# Master Bill Of Lading

Page 1 of 2

<b>SHIP FROM</b>		Master Bill of Lading Number: 06787164000175666	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Covenant Transport	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	11888 Mission Blvd 6909	Trailer number:	148528
City/State/Zip:	Jurupa Valley, CA 91752	Seal number(s):	3713462
SID#:		SOAC:	CVEN
		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 70983002		3:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	2:50 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Driver Departure Time	3:20 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
2809312256	17	74.00	Y	N	06757164000175595	6036A	
3858521642	24	231.12	Y	N	06757164000175601	6036R	
4609382288	22	106.70	Y	N	06757164000175618	7036A	
4008521671	69	594.27	Y	N	06757164000175649	8012R	
3958521745	106	947.76	Y	N	06757164000175625	7036R	
7658833746	412	3364.84	Y	N	06757164000175632	6012A	
3358843771	423	3262.30	Y	N	06757164000175595	6036A	
3208843764	834	7498.87	Y	N	06757164000175618	7036A	
<b>Grand Total</b>	1907	16069.86					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1776	ctns			15639.33		Comforters, Bedspreads	49017	200

Whom the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount \$</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
	<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b>
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <b>Shipper Signature</b> _____
<b>SHIPPER SIGNATURE / DATE</b> <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> Total Pallet: 36 <i>Empire 10/8/19</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
	<b>CARRIER SIGNATURE / PICKUP DATE</b> <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> <i>x Shaw 10/8/19</i>

Date: 10/8/2019 10:53:56 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 08787184000176656
Name:	E & E COMPANY LTD	
Address:	1880 Tide Court	
City/State/Zip:	Woodland, CA 95778	
SID#:		FOB: <input type="checkbox"/>

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Covenant Transport
Name:	Wal-Mart Centerpoint - 8909	DC#: 8909
		Div.
Address:	11888 Mission Blvd 8909	Trailer number: 145526
		Seal number(s): 3713462
City/State/Zip:	Jurupa Valley, CA 91752	SCAC: CVEN
SID#:		Pro Number:

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:	10/8	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

<b>SPECIAL INSTRUCTIONS:</b>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 70983002	3:00 AM	2:50 PM	3:20 PM

CARRIER INFORMATION						LTL ONLY		
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 380</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
92	ctns			249.83		Pillows,Valance,Towels	49390	100
39	ctns			180.70		Shower curtain	49386	77.5
1907				16069.86		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount \$</b> _____ <b>Fee Terms:</b> 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(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.
--	---


<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 36 Emyc 10/8/19	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Places	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. x [Signature] 10-8-19
--	--	--	--

Date: 10/8/2019 10:53:53 AM


# Bill Of Lading

Page 1 of 1

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1600 Tide Court  
 City/State/Zip: Woodland, CA 95778  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000175595  
  
 (402)06757164000175595

**SHIP TO**  
 Name: Wal-Mart DC 6036A-ASM DIS Location #: 8036A  
 Address: 8660 South US Hwy 79  
 8036A  
 City/State/Zip: Palestine, TX 75803  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** Covenant Transport  
 Trailer number: 145626  
 Seal number(s): 3713482  
**SCAC:** CVEN  
 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 # =70983002

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	6-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
2809312256	17	1	74.00	Y	N	10/19/2019	6036A	0033	00020	
3358843771	423	7	3282.30	Y	N	10/19/2019	6036A	0033	00022	
<b>GRAND TOTAL</b>	<b>440</b>	<b>8</b>	<b>3336.30</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packages 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	
376	ctns			3139.32		Comforters, Bedspreads	49017	200	
47	ctns			122.98		Pillows, Valance, Towels	49390	100	
17	ctns			74.00		Shower curtain	49385	77.5	
440				3336.30		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 08757184000175801  
  
 (402)08757184000175801

**SHIP TO**  
 Name: Wal-Mart DC 6036R-REGULAR Location #: 6036R  
 Address: 8660 South US Hwy 79  
 6036R  
 City/State/Zip: Palestine, TX 75803  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** Covenant Transport  
 Trailer number: 145528  
 Seal number(s): 8713482  
**SCAC:** CVEN  
 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 # =70983002

Master Bill of Lading: with attached underlying Bills of Lading  

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

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	P/Its Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Typo Number	6-Digit Dept. Number	Additional Shipper Info
3858521642	24	1	231.12	Y	N	10/19/2019	6036R	0020	00022	
<b>GRAND TOTAL</b>	24	1	231.12							

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(c) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
24	ctns			231.12		Comforters, Bedspreads	49017	200	
24				231.12		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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 permits. 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.

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000176618
Name: E & E COMPANY LTD		 (402)06767164000176618
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Covenant Transport
Name: Wal-Mart DC 7036A - ASM DIS	Location #: 7036A	Trailer number: 145526
Address: 2226 FM 3013 Suite 100		Seal number(s): 3713462
7036A		<b>SCAC:</b> OVEN
City/State/Zip: Sealy, TX 77474		Pro Number:
CID#: _____	FOB: <input type="checkbox"/>	
Dept: 00020		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>									
Name: _____		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>									
Address: _____		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading									
City/State/Zip: _____		<table border="1" style="width: 100%;"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time									
AM	AM	AM									
PM	PM	PM									

**SPECIAL INSTRUCTIONS:**  
Load # =70963002

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/SLIP (OR ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
4609382266	22	1	106.70	Y	N	10/21/2019	7036A	0033	00020	
3208843764	834	16	7498.87	Y	N	10/21/2019	7036A	0033	00022	
<b>GRAND TOTAL</b>	<b>856</b>	<b>17</b>	<b>7605.57</b>							

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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS								
809	ctns			7432.82		Comforters, Bedspreads	49017	200					
25	ctns			66.05		Pillows, Valance, Towels	49390	100					
22	ctns			106.70		Shower curtain	49385	77.5					
<b>856</b>				<b>7605.57</b>		<b>GRAND TOTAL</b>							

<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><b>COD Amount:</b> \$ _____</p> <p><b>Fee Terms:</b> 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(o)(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 style="text-align: right;"><b>Shipper Signature</b></p>
---	---

<p><b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets add to contain <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</p>
--	---	---	--

Date: 10/8/2019 10:53:40 AM

## Bill of Lading

Page 1 of 1

SHIP FROM										
Name:	E & E COMPANY LTD									
Address:	1680 Tide Court									
City/State/Zip:	Woodland, CA 95776									
SID#:	FOB: <input type="checkbox"/>									
Bill of Lading Number: 06757164000175849										
										
(402)06757164000175849										
SHIP TO										
Name:	Wal-Mart DC 8012R - Regular Location #: 6012R									
Address:	3101 North Quincey									
	6012R									
City/State/Zip:	Plainview, TX 79072									
OID#:	FOB: <input type="checkbox"/>									
Dept:	00022									
THIRD PARTY FREIGHT CHARGES BILL TO:										
Name:										
Address:										
City/State/Zip:										
SPECIAL INSTRUCTIONS: Load # =70963002										
CARRIER NAME: Covenant Transport										
Trailer number: 145528										
Seal number(s): 3713482										
SCAC: CVEN										
Pro Number:										
										
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Prepaid Collect X 3rd Party										
<input type="checkbox"/> 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				
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
4008521671	69	2	594.27	Y	N	10/13/2019	6012R	0020	00022	
<b>GRAND TOTAL</b>	<b>69</b>	<b>2</b>	<b>594.27</b>							
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 399</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
69	ctns			594.27		Comforters, Bedspreads	49017	200		
69				594.27		<b>GRAND TOTAL</b>				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

\*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per \_\_\_\_\_

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: 10/8/2019 10:53:43 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 7036R - REGULAR Location #: 7036R
Address:	1680 Tide Court	Address:	2226 FM 3013 Suite 110 7036R
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Sealy, TX 77174
SID#:		CID#:	
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SPECIAL INSTRUCTIONS: Load # =70963002		CARRIER NAME: Covenant Transport	
		Trailer number: 146526	
		Seal number(s): 3713462	
		SCAC: OVEN	
		Pro Number:	
			
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			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
3958521745	106	2	947.76	Y	N	10/21/2019	7036R	0020	00022	
<b>GRAND TOTAL</b>	<b>106</b>	<b>2</b>	<b>947.76</b>							

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
106	ctns			947.76		Comforters, Bedspreads	49017	200
106				947.76		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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: 10/8/2019 10:53:36 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 08767164000176632	
Name:	E & E COMPANY LTD	 (402)06767164000176632	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
<b>SHIP TO</b>		CARRIER NAME: Covenant Transport	
Name:	Wal-Mart DC 6012A - ASM DIS Location #: 6012A	Trailer number: 146526	
Address:	3100 North I-27	Seal number(s): 3713462	
	6012A	SCAC: CVEN	
City/State/Zip:	Plainview, TX 79072	Pro Number:	
OID#:	FOB: <input type="checkbox"/>		
Dept:	00022		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 # =70963002		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
7658833746	412	6	3354.84	Y	N	10/13/2019	6012A	0033	00022	
<b>GRAND TOTAL</b>	<b>412</b>	<b>6</b>	<b>3354.84</b>							

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
392	ctns			3294.04		Comforters, Bedspreads	49017	200
20	ctns			60.80		Pillows, Valances, Towels	49390	100
412				3354.84		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. • 14706(c)(1)(A) and (B).</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 _____
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	

Date: 10/8/2019 2:01:00 PM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000175489
Name:	E & E COMPANY LTD	
Address:	1600 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET
Name:	Wal-Mart Centerpoint - 6909	DC#: 6909
		Div.
Address:	11888 Mission Blvd 6909	Trailer number: 130945
		Seal number(s): 3713471
City/State/Zip:	Jurupa Valley, CA 91752	SCAC: WALM
SID#:		Pro Number:
		FOB: <input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		
City/State/Zip:	10/8	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time Actual Driver Arrival Time Driver Departure Time
Load #: 70983003		2:00 AM PM 9:00 AM PM 9:20 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4308521857	88	837.42	Y	N	06757164000175427	6031R	
4809382401	40	171.25	Y	N	06757164000175434	7033A	
5858992347	27	78.99	Y	N	06757164000175410	6031A	
2858521861	167	1507.79	Y	N	06757164000175441	7033R	
7808834146	712	5812.49	Y	N	06757164000175434	7033A	
7758834007	760	6983.34	Y	N	06757164000175410	6031A	
<b>Grand Total</b>	<b>1794</b>	<b>15391.28</b>					

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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1666	ctns			14742.03		Comforters, Bedspreads	49017	200
161	ctns			399.01		Pillows, Valance, Towels	49390	100
67	ctns			250.24		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).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 35 <i>Emilio</i> 10/10/19	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>x [Signature]</i> 10-10-19
	<b>Shipper Signature</b>		


Date: 10/8/2019 2:01:00 PM

# Master Bill Of Lading


<b>SHIP FROM</b>		Master Bill of Lading Number: 06767164000176489	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		<b>CARRIER NAME: WAL-MART FLEET</b>	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	11888 Mission Blvd 6909	Trailer number:	130945
		Seal number(s):	3713471
City/State/Zip:	Jurupa Valley, CA 91762	SCAC:	WALM
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> MASTER BILL OF LADING: WITH ATTACHED UNDERLYING BILLS OF LADING	
Load #: 70963003		Appointment Time	Actual Driver Arrival Time
		2:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	9:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Driver Departure Time	9:20 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
1794		<b>Grand Total</b>	
	15391.28		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		<b>COD Amount \$</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b>			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 35 <i>Emilio</i> 10/10/19		<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of package 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>x [Signature]</i> 10/10/19	
<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, GA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 08757164000175427  
  
 (402)08757164000175427

**SHIP TO**  
 Name: Wal-Mart DC 6031R-REGULAR Location #: 6031R  
 Address: 23701 West Southern Avenue  
 6031R  
 City/State/Zip: Buckeye, AZ 85328  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME: WAL-MART FLEET**  
 Trailer number: 130945  
 Seal number(s): 3713471  
**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 # =70963003

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	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
4308621867	88	2	837.42	Y	N	10/12/2019	6031R	0020	00022	
<b>GRAND TOTAL</b>	<b>88</b>	<b>2</b>	<b>837.42</b>							

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 NMFPA Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	NMFC #	CLASS					
88	ctns					837.42					Comforters, Bedspreads	49017	200	
88						837.42					<b>GRAND TOTAL</b>			

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:  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: Freight Counted:**  
 By Shipper  
 By Driver  
 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.

# 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: 08767164000176434



**SHIP TO**  
 Name: Wal-Mart DC 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: 130946

Seal number(s): 3713471

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 # =70963003

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	Pfts 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
4809382401	40	1	171.25	Y	N	10/11/2019	7033A	0033	00020	
7808834146	712	11	5812.49	Y	N	10/11/2019	7033A	0033	00022	
<b>GRAND TOTAL</b>	<b>752</b>	<b>12</b>	<b>5983.74</b>							

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 365</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
641	ctns			5644.41		Comforters, Bedspreads	49017	200
71	ctns			168.08		Pillows, Valance, Towels	49390	100
40	ctns			171.25		Shower curtain	49385	77.5
752				5983.74		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

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: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000176410  
  
 (402)06757164000176410

**SHIP TO**  
 Name: Wal-Mart DC 6031A-ASM DIS Location #: 6031A  
 Address: 23701 West Southern Avenue  
 6031A  
 City/State/Zip: Buckeye, AZ 86326  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 130945  
 Seal number(s): 3713471  
**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 **X** 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load # =70963003

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
5858992347	27	1	78.99	Y	N	10/12/2019	6031A	0033	00020	
7758834007	760	16	6983.34	Y	N	10/12/2019	6031A	0033	00022	
<b>GRAND TOTAL</b>	<b>787</b>	<b>17</b>	<b>7062.33</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(s) of NMFC item 550</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
670	ctns			6752.41		Comforters, Bedspreads	49017	200	
90	ctns			230.93		Pillows, Valance, Towels	49390	100	
27	ctns			78.99		Shower curtain	49386	77.5	
<b>787</b>				<b>7062.33</b>		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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**

**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 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06767164000176441  
  
 (402)06767164000176441

**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: 130946  
 Seal number(s): 3713471

**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 # =70963003

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
2858521861	167	4	1507.79	Y	N	10/11/2019	7033R	0020	00022	
<b>GRAND TOTAL</b>	167	4	1507.79							

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 NIMFC Item 300</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
167	ctns			1507.79		Comforters, Bedspreads	49017	200	
167				1507.79		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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**

**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: 10/8/2019 9:01:06 AM

# Master Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Master Bill of Lading Number: 08757164000175485	
Name:	E & E COMPANY LTD	Address:	1680 Tide Court
City/State/Zip:	Woodland, CA 95776	SID#:	FOB: <input type="checkbox"/>

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Swift Transportation	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
Address:	11888 Mission Blvd 6909	Trailer number:	SWFZ-153977
City/State/Zip:	Jurupa Valley, CA 91752	Seal number(s):	3713487
SID#:	FOB: <input type="checkbox"/>	SCAC:	SWFT
		Pro Number:	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:	Address:	Prepaid:	<input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
City/State/Zip:	<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>		
<b>SPECIAL INSTRUCTIONS:</b>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 70963004	12:00 AM	9:00 AM	10:00 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1109392297	38	169.64	Y	N	08757164000175342	6019A	
8913634374	152	1526.94	Y	N	08757164000175368	6037A	
3308521803	221	1897.17	Y	N	08757164000175359	6019R	
3108843975	1231	11416.22	Y	N	08757164000175342	6019A	
<b>Grand Total</b>		1642	14999.87				

CARRIER INFORMATION						LTL ONLY			
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to insure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300			
1540	ctns			14687.56		Comforters, Bedspreads		49017	200
64	ctns			152.77		Pillows, Valance, Towels		49390	100
38	ctns			159.54		Shower curtain		49386	77.5
<b>Grand Total</b>				14999.87					

<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><b>COD Amount \$</b> _____</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).**

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><b>SHIPPER SIGNATURE / DATE</b></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: 30 <i>10/8/19</i></p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b></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>X [Signature] 10/08/19</i></p>
--	--	---	---

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

Bill of Lading Number: 08757164000175342  
  
 (402)08757164000175342

**SHIP TO**  
 Name: Wal-Mart DC 6019A - ASM DIS Location #: 6019A  
 Address: 7504 East Crossroads Boulevard  
 6019A  
 City/State/Zip: Loveland, CO 80538  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** Swift Transportation  
 Trailer number: SWFZ-153977  
 Seal number(s): 3713487  
**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 X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load # =70963004

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	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
1109392297	38	1	159.54	Y	N	10/13/2019	6019A	0033	00020	
3108843975	1201	22	11416.22	Y	N	10/13/2019	6019A	0033	00022	
<b>GRAND TOTAL</b>	<b>1269</b>	<b>23</b>	<b>11575.76</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1167	ctns			11263.45		Comforters, Bedspreads	49017	200	
64	ctns			152.77		Pillows, Valance, Towels	49390	100	
38	ctns			159.54		Shower curtain	49385	77.5	
1269				11575.76		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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.


Date: 10/8/2019 9:00:58 AM

**Bill Of Lading**

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1880 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000175366  
  
 (402)06757164000175366

**SHIP TO**  
 Name: Wal-Mart DC 6037A-ASM DIS Location #: 6037A  
 Address: 2660 HWY 396 South  
 6037A  
 City/State/Zip: Hermiston, OR 97838  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**GARRIER NAME:** Swift Transportation  
**Trailer number:** SWFZ-153977  
**Seal number(s):** 3713467  
**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 # =70963004

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	6-Digit Dept. Number	Additional Shipper Info
8913634374	152	3	1526.94	Y	N	10/13/2019	6037A	0033	00022	
<b>GRAND TOTAL</b>	<b>152</b>	<b>3</b>	<b>1526.94</b>							

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 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS							
152	ctns			1526.94		49017	200		Comforters, Bedspreads			
152				1526.94					<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000176389  
  
 (402)06757164000176389

**SHIP TO**  
 Name: Wal-Mart DC 6019R - REGULAR Location #: 6019R  
 Address: 7506 East Crossroads Boulevard  
 6019R  
 City/State/Zip: Loveland, CO 80538  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

CARRIER NAME: Swift Transportation  
 Trailer number: SWFZ-153977  
 Seal number(s): 3713487  
 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 X 3rd Party

SPECIAL INSTRUCTIONS:  
 Load # =70963004

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	Pits Count	WEIGHT	PALLET/ SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Typo Number	5-Digit Dept. Number	Additional Shipper Info
3308521803	221	4	1897.17	Y	N	10/13/2019	6019R	0020	00022	
<b>GRAND TOTAL</b>	221	4	1897.17							

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	QTY	TYPE	NMFC #	CLASS							
221	ctns					1897.17		Comforters, Bedspreads	49017	200				
221						1897.17		<b>GRAND TOTAL</b>						

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

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: 10/7/2019 2:40:49 PM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 08787164000174680	
Name:	E & E COMPANY LTD		
Address:	1680 Tido Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		<b>CARRIER NAME: NEW LEGEND TRUCKING</b>	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	11888 Mission Blvd 6909	Trailer number:	L7912
		Seal number(s):	3713485
City/State/Zip:	Jurupa Valley, CA 91752	SCAC:	LEGS
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:	10/7	<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 70931478		13:00 AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
2809312253	8	25.52	Y	N	06757164000174420	6036A	
3858521633	34	350.92	Y	N	06767164000174437	6036R	
3958521738	41	363.07	Y	N	06757164000174451	7036R	
3358843783	324	3495.36	Y	N	06757164000174420	6036A	
3208843757	422	3927.03	Y	N	06757164000174444	7036A	
4008521665	51	408.75	Y	N	06757164000174413	6012R	
4609382264	46	194.35	Y	N	06757164000174444	7036A	
7658833740	500	5456.12	Y	N	06757164000174406	6012A	
<b>Grand Total</b>		1426	14221.12				

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 NMFPC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS						
1314	ctns			13869.59		Comforters, Bedspreads	49017	200			

<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><b>COD Amount \$</b> _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(e)(1)(A) and (B).</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><b>SHIPPER SIGNATURE / DATE</b>  <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: 35 <i>Orup 10/7/19</i></p>	<p><b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>
<p><b>CARRIER SIGNATURE / PICKUP DATE</b>  <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> 10-7-19</p>	

Date: 10/7/2019 2:40:49 PM


# Master Bill Of Lading

Page 2 of 2

<b>SHIP FROM</b>		Master Bill of Lading Number: 06767164000174680					
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>1680 Tide Court</b> City/State/Zip: <b>Woodland, CA 95776</b> SID#: _____ FOB: <input type="checkbox"/>							
<b>SHIP TO</b>		<b>CARRIER NAME: NEW LEGEND TRUCKING</b>					
Name: <b>Wal-Mart Centerpoint - 6909</b> DC#: <b>6909</b> Div. _____ Address: <b>11888 Mission Blvd</b> <b>6909</b> City/State/Zip: <b>Jurupa Valley, CA 91752</b> SID#: _____ FOB: <input type="checkbox"/>		Trailer number: <b>L7912</b> Seal number(s): <b>3713486</b> SCAC: <b>LEGS</b> Pro Number: _____					
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>					
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>					
SPECIAL INSTRUCTIONS: Load #: 70931476		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b> (check box)					
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">13:00 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</span></td> <td style="text-align: center;">_____ <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</span></td> <td style="text-align: center;">_____ <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</span></td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	13:00 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</span>
Appointment Time	Actual Driver Arrival Time	Driver Departure Time					
13:00 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</span>	_____ <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</span>	_____ <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</span>					

CARRIER INFORMATION						LTL ONLY	
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 NMFQ Item 300</small>	NMFC #	CLASS
	QTY	TYPE					
58	ctns		131.66		Pillows, Valance, Towels	49390	100
54	ctns		219.87		Shower curtain	49386	77.5
1426			14221.12		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		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. Total Pallet: 35 <b>Omyle 10/7/19</b>		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.	

<b>SHIP FROM</b>		Bill of Lading Number: 08757164000174420
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000174420
City/State/Zip: Woodland, CA 95776	SID#: _____	
City/State/Zip: _____	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> NEW LEGEND TRUCKING
Name: Wal-Mart DC 6036A-ASM DIS	Location #: 6036A	Trailer number: L7912
Address: 8680 South US Hwy 70	City/State/Zip: Palestine, TX 75803	Seal number(s): 3713485
City/State/Zip: _____	CID#: _____	<b>SCAC:</b> LEGS
Dept: 00020	FOB: <input type="checkbox"/>	Pro Number: _____

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <b>X</b> 3rd Party _____
Name: _____	Address: _____	Master Bill of Lading: with attached (check box) <input type="checkbox"/> underlying Bills of Lading

<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time _____ Actual Driver Arrival Time _____ Driver Departure Time _____ AM _____ PM _____ AM _____ PM _____ AM _____ PM _____
Load # =70931476		

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
2809312253	8	1	25.52	Y	N	10/18/2019	6036A	0033	00020	
3358843763	324	9	3495.36	Y	N	10/18/2019	6036A	0033	00022	
<b>GRAND TOTAL</b>	<b>332</b>	<b>10</b>	<b>3520.88</b>							

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(a) of NMFC Item 300</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
318	ctns			3477.12		Comforters, Bedsreads	49017	200		
6	ctns			18.24		Pillows,Valance,Towels	49390	100		
8	ctns			25.52		Shower curtain	49385	77.5		
<b>332</b>				<b>3520.88</b>		<b>GRAND TOTAL</b>				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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**

**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.


<b>Trailer Loaded:</b>	<b>Freight Counted:</b>
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<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**  
 Name: E & E COMPANY LTD  
 Address: 1660 Tide Court  
 City/State/Zip: Woodland, CA 96776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06767164000174437  
  
 (402)06767164000174437

**SHIP TO**  
 Name: Wal-Mart DC 6036R-REGULAR Location #: 6036R  
 Address: 8660 South US Hwy 79  
 6036R  
 City/State/Zip: Palestine, TX 76803  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME: NEW LEGEND TRUCKING**  
 Trailer number: L7912  
 Seal number(s): 3713485  
**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 underlying Bills of Lading  
 Appointment Time Actual Driver Arrival Time Driver Departure Time  
 AM AM AM  
 PM PM PM

**SPECIAL INSTRUCTIONS:**  
 Load # =70931476

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
3858521633	34	1	350.92	Y	N	10/18/2019	6036R	0020	00022	
<b>GRAND TOTAL</b>	34	1	350.92							

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 359</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
34	ctns			350.92		Comforters, Bedspreads	49017	200	
34				350.92		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000174451  
  
 (402)06757164000174451

**SHIP TO**  
 Name: Wal-Mart DC 7036R - REGULAR Location #: 7036R  
 Address: 2226 FM 3013 Suite 110  
 7036R  
 City/State/Zip: Sealy, TX 77474  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** NEW LEGEND TRUCKING  
 Trailer number: L7912  
 Seal number(s): 3713485

**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 # =70931476

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

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/ SLIP (SINGLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
3958621738	41	1	363.07	Y	N	10/20/2019	7036R	0020	00022	
<b>GRAND TOTAL</b>	41	1	363.07							

HANDLING UNIT						PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care of 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							
41	ctns			363.07		Comforters, Bedspreads	49017	200				
41				363.07		<b>GRAND TOTAL</b>						

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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 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 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 0875716400017444  
  
 (402)0675716400017444

**SHIP TO**  
 Name: Wal-Mart DC 7036A - ASM DIS Location #: 7036A  
 Address: 2226 FM 8013 Suite 100  
 7036A  
 City/State/Zip: Sealy, TX 77474  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** NEW LEGEND TRUCKING  
 Trailer number: L7912  
 Seal number(s): 3713485  
**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 # =70931476

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	6-Digit Dept. Number	Additional Shipper Info
4609382264	46	1	194.35	Y	N	10/20/2019	7036A	0033	00020	
3208843757	422	9	3927.03	Y	N	10/20/2019	7036A	0033	00022	
<b>GRAND TOTAL</b>	468	10	4121.38							

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	
388	ctns			3853.52		Comforters, Bedspreads	49017	200	
34	ctns			73.51		Pillows, Valance, Towels	49390	100	
46	ctns			194.35		Shower curtain	49385	77.5	
468				4121.38		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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.

<b>SHIP FROM</b>		Bill of Lading Number: 08767164000174413	
Name:	E & E COMPANY LTD	 (402)06767164000174413	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING	
Name:	Wal-Mart DC 8012R - Regular Location #: 8012R	Trailer number: L7912	
Address:	3101 North Quilnoy	Seal number(s): 3713485	
	6012R	SCAG: LEGS	
City/State/Zip:	Plainview, TX 79072	Pro Number:	
CID#:	FOB: <input type="checkbox"/>		
Dept:	00022		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load # =70931476		AM	AM
		PM	PM
		Driver Departure Time	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
4008521666	51	1	408.75	Y	N	10/12/2019	6012R	0020	00022	
<b>GRAND TOTAL</b>	<b>51</b>	<b>1</b>	<b>408.75</b>							

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged so to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
51	ctns			408.75		Comforters, Bedspreads	49017	200		
51				408.75		<b>GRAND TOTAL</b>				


Where the rate is dependant 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 _____ Date: _____	
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. Property described above is received in good order, except as noted.			

# Bill Of Lading

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

Bill of Lading Number: 06767184000174406  
  
 (402)06767184000174406

**SHIP TO**  
 Name: Wal-Mart DC 8012A - ASM DIS Location #: 6012A  
 Address: 3100 North I-27  
 6012A  
 City/State/Zip: Plainview, TX 79072  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME: NEW LEGEND TRUCKING**  
 Trailer number: L7912  
 Seal number(s): 3713485  
**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 # =70931478

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	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
7658833740	500	12	5456.12	Y	N	10/12/2019	6012A	0033	00022	
<b>GRAND TOTAL</b>	<b>500</b>	<b>12</b>	<b>5456.12</b>							

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(a) of NMFC Item 390</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
482	ctns			5416.21		Comforters, Bedspreads	49017	200	
18	ctns			39.91		Pillows, Valance, Towels	49390	100	
500				5456.12		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

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

Date: 10/7/2019 2:13:31 PM

# Master Bill Of Lading

Page 1 of 2

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1690 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Master Bill of Lading Number: 06757164000174673

**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: WAL-MART FLEET

Trailer number: 127046  
 Seal number(s): 3713404  
 SCAC: WALM  
 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 #: 70931403

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
12:00 AM PM	14:00 AM PM	15:00 AM PM

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4809382399	36	156.81	Y	N	06757164000174383	7033A	
2858521856	102	928.24	Y	N	06757164000174390	7033R	
7758834000	551	5264.22	Y	N	06757164000174369	6031A	
7808834138	844	7786.42	Y	N	06757164000174383	7033A	
4308521851	121	1100.01	Y	N	06757164000174376	6031R	
6858992346	29	106.06	Y	N	06757164000174369	6031A	
<b>Grand Total</b>	<b>1682</b>	<b>16339.75</b>					

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Continued use 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
1523	ctns			14844.81		Comforters, Bedspreads	49017	200
95	ctns			233.08		Pillows, Valance, Towels	49390	100
64	ctns			261.86		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 Pallets: 30

*Emye O*  
 10/7/19

**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.

*[Signature]* 10-7-19

Date: 10/7/2019 2:18:31 PM


# Master Bill Of Lading

Page 2 of 2


<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000174673	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95770 SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET	
Name: Wal-Mart Centerpoint - 6909 DC#: 6909 Dlv. Address: 11888 Mission Blvd 6909 City/State/Zip: Jurupa Valley, CA 91752 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 127046 Seal number(s): 3713484 SCAC: WALM Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 #: 70931483		<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 14:00 AM PM
		Driver Departure Time 15:00 AM PM	
1682		15339.75	<b>Grand Total</b>

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	GOD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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 _____			
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallets: 96 <i>[Signature]</i> 10/7/19	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver                 </td> <td style="width: 50%;"> <b>Freight Counted:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets sold to contain  <input type="checkbox"/> By Driver/Pieces                 </td> </tr> </table>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 10-7-19
<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces			

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

Bill of Lading Number: 06757184000174383  
  
 (402)06757164000174383

**SHIP TO**  
 Name: Wal-Mart DC 7033A-ASM DIS Location #: 7033A  
 Address: 21216 Johnson Rd.  
 7033A  
 City/State/Zip: Apple Valley, CA 92307  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** WAL-MART FLEET  
 Trailer number: 127048  
 Seal number(s): 3713484  
**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 # =70931483

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	6-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
4809382399	35	1	155.81	Y	N	10/10/2019	7033A	0033	00020	
7808834138	844	16	7785.42	Y	N	10/10/2019	7033A	0033	00022	
<b>GRAND TOTAL</b>	<b>879</b>	<b>17</b>	<b>7941.23</b>							

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 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
768	ctns			7596.17		Comforters, Bedspreads	49017	200	
76	ctns			189.25		Pillows, Valance, Towels	49390	100	
35	ctns			155.81		Shower curtain	49385	77.5	
879				7941.23		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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.

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000174390
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)08767164000174390
City/State/Zip: Woodland, CA 95776	SID#: _____	
FOB: <input type="checkbox"/>		

<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 7033R-REGULAR	Location #: 7033R	Trailer number: 127046
Address: 21345 Johnson Rd.	7033R	Seal number(s): 3713484
City/State/Zip: Apple Valley, CA 92307	CID#: _____	SCAC: WALM
Dept: 00022	FOB: <input type="checkbox"/>	Pro Number: 

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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"/>

<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load # =70931483		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	P/Is 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
2858521855	102	3	928.24	Y	N	10/10/2019	7033R	0020	00022	
<b>GRAND TOTAL</b>	<b>102</b>	<b>3</b>	<b>928.24</b>							

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
102	ctns			928.24		Comforters, Bedspreads	49017	200
102				928.24		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ for _____"	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.
--	---

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	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/Plecoas	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
--	--	--

Date: 10/7/2019 2:13:15 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: 06767164000174369



**SHIP TO**

Name: Wal-Mart DC 6031A-ASM DIS Location #: 6031A  
 Address: 23701 West Southern Avenue  
 6031A  
 City/State/Zip: Buckeye, AZ 85326  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

CARRIER NAME: WAL-MART FLEET

Trailer number: 127046  
Seal number(s): 3713484

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

**SPECIAL INSTRUCTIONS:**  
Load # =70931483

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
5858892345	29	1	106.05	Y	N	10/11/2019	6031A	0033	00020	
7768834000	551	12	5264.22	Y	N	10/11/2019	6031A	0033	00022	
<b>GRAND TOTAL</b>	<b>580</b>	<b>13</b>	<b>5370.27</b>							

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 NMPG Item 309</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NIMFC #	CLASS	
532	ctns			5220.39		Comforters, Bedspreads	49017	200	
19	ctns			43.83		Pillows,Valance,Towels	49390	100	
29	ctns			106.05		Shower curtain	49386	77.5	
580				5370.27		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

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: 10/7/2019 2:13:24 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: 06757164000174376  
  
 (402)06757164000174376

**SHIP TO**  
 Name: Wal-Mart DC 6031R-REGULAR Location #: 6031R  
 Address: 23701 West Southern Avenue  
 6031R  
 City/State/Zip: Buckeye, AZ 85328  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME: WAL-MART FLEET**  
 Trailer number: 127048  
 Seal number(s): 3713484  
**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 # =70931483

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
4308521851	121	3	1100.01	Y	N	10/11/2019	6031R	0020	00022	
<b>GRAND TOTAL</b>	121	3	1100.01							

### 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(e) of NMFC Item 550</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
121	ctns			1100.01		Comforters, Bedspreads	49017	200
121				1100.01		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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: 10/7/2019 1:58:58 PM

# Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757164000174697	
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:	167963
		Seal number(s):	3713466
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"/>
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	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 70931603		2:00 <del>AM</del> <del>PM</del>	1:30 <del>AM</del> <del>PM</del>
		Driver Departure Time	2:30 <del>AM</del> <del>PM</del>

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4758521834	106	1009.92	Y	N	06757164000174512	6037R	
3308521797	118	1087.56	Y	N	06757164000174475	6019R	
1109392291	35	128.25	Y	N	06757164000174468	6019A	
3408521601	71	651.51	Y	N	06757164000174499	7026R	
7909162538	38	148.37	Y	N	06757164000174505	6037A	
8358833772	492	4727.81	Y	N	06757164000174482	7026A	
8913634365	420	3481.33	Y	N	06757164000174505	6037A	
3108843969	447	4240.69	Y	N	06757164000174468	6019A	
4509382261	24	120.40	Y	N	06757164000174482	7026A	
<b>Grand Total</b>	<b>1749</b>	<b>15595.84</b>					


<p>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 _____.</p>		<p><b>COD Amount \$</b> _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>	
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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><b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 42 <i>Scott</i> 10/7/19</p>		<p><b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	
		<p><b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Bill E</i> 10-07-19</p>	

Date: 10/7/2019 1:58:58 PM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 08767164000174897						
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>								
<b>SHIP TO</b>		<b>CARRIER NAME: WAL-MART FLEET</b>						
Name: Wal-Mart Centerpoint - 6909 Address: 11888 Mission Blvd 6909 City/State/Zip: Jurupa Valley, CA 91752 SID#: _____ FOB: <input type="checkbox"/>		DC#: 6909 Div. _____ Trailer number: 157063 Seal number(s): 3713466 SCAC: WALM Pro Number: _____						
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>						
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>						
<b>SPECIAL INSTRUCTIONS:</b> Load #: 70931503		<input checked="" type="checkbox"/> MASTER BILL OF LADING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LADING						
		Appointment Time: 2:00 AM Actual Driver Arrival Time: 1:30 AM Driver Departure Time: 2:30 AM						
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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1537	ctns			14863.80		Comforters, Bedspreads	49017	200
117	ctns			335.13		Pillows, Valance, Towels	49390	100
95	ctns			397.02		Shower curtain	49385	77.5
1749				15595.84		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		<b>COD Amount \$</b> _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b>			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 42 <i>Scott</i> 10/7/19		<b>SHIPPER SIGNATURE</b> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Pull # 10-0749</i>	

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000174612	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	City/State/Zip: Woodland, CA 95776	SID#: <input type="checkbox"/> FOB: <input type="checkbox"/>
<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET	
Name: Wal-Mart DC 6037R-REGULAR	Location #: 6037R	Trailer number: 157963	Seal number(s): 3713466
Address: 2650 HWY 395 South	6037R	SCAC: WALM	Pro Number:
City/State/Zip: Hermiston, OR 97838	CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>		
Dept: 00022	<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		
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:	Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)		
SPECIAL INSTRUCTIONS: Load # =70931503	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
4758621834	106	3	1009.92	Y	N	10/12/2019	6037R	0020	00022	
<b>GRAND TOTAL</b>	<b>106</b>	<b>3</b>	<b>1009.92</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 350</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
106	ctns			1009.92		Comforters, Bedspreads	49017	200	
106				1009.92		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000174475



(402)06757164000174475


**SHIP TO**

Name: Wal-Mart DC 6019R - REGULAR Location #: 6019R  
 Address: 7506 East Crossroads Boulevard  
 6019R  
 City/State/Zip: Loveland, CO 80538  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME: WAL-MART FLEET**

Trailer number: 167963  
 Seal number(s): 3713486

**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 # =70931503

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
3308521797	118	3	1087.56	Y	N	10/12/2019	6019R	0020	00022	
<b>GRAND TOTAL</b>	118	3	1087.56							

**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 302</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
118	ctns			1087.56		Comforters, Bedspreads	49017	200
118				1087.56		<b>GRAND TOTAL</b>		

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 \_\_\_\_\_"

**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**

**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.

# 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: 06767164000174468  
  
 (402)06767164000174468

**SHIP TO**  
 Name: Wal-Mart DC 6019A - ASM DIS Location #: 6019A  
 Address: 7604 East Crossroads Boulevard  
 6019A  
 City/State/Zip: Loveland, CO 80538  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

CARRIER NAME: WAL-MART FLEET  
 Trailer number: 167963  
 Seal number(s): 3713466  
 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 X 3rd Party

SPECIAL INSTRUCTIONS:  
 Load # =70931503

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

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
1109392291	36	1	128.25	Y	N	10/12/2019	6019A	0033	00020	
3108843969	447	10	4240.69	Y	N	10/12/2019	6019A	0033	00022	
<b>GRAND TOTAL</b>	<b>482</b>	<b>11</b>	<b>4368.94</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
418	ctns			4138.37		Comforters, Bedspreads	49017	200	
29	ctns			102.32		Pillows, Valance, Towels	49390	100	
35	ctns			128.25		Shower curtain	49385	77.5	
482				4368.94		<b>GRAND TOTAL</b>			

Where the rate is dependant 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: 10/7/2019 1:58:55 PM

# Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757164000174499	
Name:	E & E COMPANY LTD		(402)06757164000174499
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 96778		
SID#:	FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart DC 7026R - REGULAR Location #: 7026R	Trailer number:	157963
Address:	917 North State Road 138 7026R	Seal number(s):	3713468
City/State/Zip:	Grantsville, UT 84029	SCAC:	WALM
CID#:	FOB: <input type="checkbox"/>	Pro Number:	
Dept:	00022		

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:			
City/State/Zip:			

SPECIAL INSTRUCTIONS:		Master Bill of Lading: with attached underlying Bills of Lading	
Load # =70931503		<input type="checkbox"/> (check box)	
		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
3408521601	71	2	651.51	Y	N	10/12/2019	7026R	0020	00022	
<b>GRAND TOTAL</b>	71	2	651.51							

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 354</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
71	ctns			651.51		Comforters, Bedspreads	49017	200	
71				651.51		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	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

<b>SHIPPER SIGNATURE / DATE</b> <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 said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> <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: 10/7/2019 1:58:39 PM

# Bill Of Lading

**SHIP FROM**

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

Bill of Lading Number: 08757184000174806




(402)06767184000174806

**SHIP TO**

Name: Wal-Mart DC 6037A-ASM DIS Location #: 6037A  
 Address: 2660 HWY 395 South  
 6037A  
 City/State/Zip: Hermiston, OR 97038  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME: WAL-MART FLEET**

Trailer number: 167963  
 Seal number(s): 3713468  
 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 (check box)

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

**SPECIAL INSTRUCTIONS:**

Load # =70931503

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
7909162538	36	1	148.37	Y	N	10/12/2019	6037A	0033	00020	
8913634365	420	9	3481.33	Y	N	10/12/2019	6037A	0033	00022	
<b>GRAND TOTAL</b>	<b>466</b>	<b>10</b>	<b>3629.70</b>							

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 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
356	ctns			3313.52		Comforters, Bedspreads	49017	200	
64	ctns			167.81		Pillows, Valance, Towels	49390	100	
36	ctns			148.37		Shower curtain	49385	77.5	
466				3629.70		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000174482	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	City/State/Zip: Woodland, CA 95778	SID#: <input type="checkbox"/> FOB: <input type="checkbox"/>
<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET	
Name: Wal-Mart DC 7026A - ASM DIS	Location #: 7026A	Address: 945 North State Road 138	Trailer number: 167983
City/State/Zip: Grantsville, UT 84029	CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>	Dept: 00020	Seal number(s): 3713486
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: WALM	
Name:	Address:	Pro Number:	
City/State/Zip:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
SPECIAL INSTRUCTIONS: Load # =70931503		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	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
4509382261	24	1	120.40	Y	N	10/12/2019	7026A	0033	00020	
8358833772	492	12	4727.81	Y	N	10/12/2019	7026A	0033	00022	
<b>GRAND TOTAL</b>	<b>516</b>	<b>13</b>	<b>4848.21</b>							

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(a) of NMFC Item 300</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
468	ctns			4662.81		Comforters, Bedspreads	49017	200		
24	ctns			65.00		Pillows, Valance, Towels	49390	100		
24	ctns			120.40		Shower curtain	49385	77.5		
<b>516</b>				<b>4848.21</b>		<b>GRAND TOTAL</b>				

<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><b>COD Amount:</b> \$ _____</p> <p><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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;"><b>Shipper Signature</b></p>
<p><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</p>	

Date: 10/7/2019 3:07:37 PM

# Master Bill Of Lading

**SHIP FROM**

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

Master Bill of Lading Number: 06757164000174703

**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: **WAL-MART FLEET**

Trailer number: **150096**  
 Seal number(s): **3713468**

SCAC: **WALM**  
 Pro Number: \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ **10/7**  
 City/State/Zip: \_\_\_\_\_

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

**MASTER BILL OF LANDING: WITH ATTACHED**  
 **UNDERLYING BILLS OF LANDING**

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
<b>14:00</b> AM	<b>7:30</b> AM	<b>7:50</b> AM

**SPECIAL INSTRUCTIONS:**

Load #: 70931509

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO	Supplier#
3208521537	36	366.90	Y N	06757164000174550	6069R	
5213482314	26	89.33	Y N	06757164000174529	6035A	
6413523644	396	3562.23	Y N	06757164000174543	6069A	
3908521657	21	213.77	Y N	06757164000174536	6035R	
8808833909	891	9483.14	Y N	06757164000174529	6035A	
<b>Grand Total</b>	<b>1370</b>	<b>13714.37</b>				

**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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1296	ctns			13487.08		Comforters, Bedspreads	49017	200
48	ctns			137.98		Pillows, Valance, Towels	49390	100
26	ctns			89.33		Shower curtain	49385	77.5
1370				13714.37		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

\*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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

*Chris O 10/8/19*

**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 placard or equivalent documentation in the vehicle.


*[Signature]* 10/8/19

*Door # 73*

Date: 10/7/2019 3:06:34 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 6069R-REGULAR Location #: 6069R
Address:	1680 Tide Court	Address:	1106 Matlock Drive 6069R
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	St. James, MO 65559
SID#:		CID#:	
FOB:	<input type="checkbox"/>	Dept:	00022
Bill of Lading Number: 06757164000174550		CARRIER NAME: WAL-MART FLEET	
		Trailer number: 160096	
(402)06757164000174550		Seal number(s): 3713488	
		SCAC: WALM	
		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 underlying Bills of Lading <input type="checkbox"/>	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load # =70931509		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
3208521537	36	1	365.90	Y N	10/18/2019	6069R	0020	00022	
<b>GRAND TOTAL</b>	<b>36</b>	<b>1</b>	<b>365.90</b>						

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
36	ctns			365.90		Comforters, Bedspreads	49017	200
36				365.90		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per \_\_\_\_\_

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.

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000174529	
Name: E & E COMPANY LTD		 (402)06757164000174529	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET	
Name: Wal-Mart DC 6035A-ASM DIS Location #: 6035A		Trailer number: 150096	
Address: 3220 Nevada Terrace		Seal number(s): 3713468	
City/State/Zip: Ottawa, KS 66067		SCAC: WALM	
CID#: _____ FOB: <input type="checkbox"/>		Pro Number: _____	
Dept: 00020			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name: _____		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
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 <input type="checkbox"/> Appointment Time: AM/PM Actual Driver Arrival Time: AM/PM Driver Departure Time: AM/PM	
SPECIAL INSTRUCTIONS: Load # =70931509			

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
5213482314	26	1	89.33	Y	N	10/17/2019	6035A	0033	00020	
8808833909	891	22	9483.14	Y	N	10/17/2019	6035A	0033	00022	
<b>GRAND TOTAL</b>	<b>917</b>	<b>23</b>	<b>9572.47</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 309</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
868	ctns			9413.22		Comforters, Bedspreads	49017	200	
23	ctns			69.92		Pillows, Valance, Towels	49390	100	
26	ctns			89.33		Shower curtain	49385	77.5	
917				9572.47		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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.

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Properly described above is received in good order, except as noted.
--	--	--	--

Date: 10/7/2019 3:07:07 PM

## Bill Of Lading

Page 1, of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 6069A-ASM DIS Location #: 6069A
Address:	1680 Tide Court	Address:	1200 Matlock Drive 6069A
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	St. James, MO 65650
SID#:		Dept:	00022
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
Bill of Lading Number: 06767164000174543		CARRIER NAME: WAL-MART FLEET	
		Trailer number: 160096	
(402)06767164000174543		Seal number(s): 3713468	
		SCAC: WALM	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid <input type="checkbox"/> Collect X 3rd Party	
Address:		Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		<input type="checkbox"/> (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load # =70931609		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
6413523644	396	8	3562.23	Y	N	10/18/2019	6069A	0033	00022	
<b>GRAND TOTAL</b>	<b>396</b>	<b>8</b>	<b>3562.23</b>							

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 309.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
371	ctns			3494.19		Comforters, Bedspreads	49017	200
25	ctns			68.04		Pillows, Valance, Towels	49390	100
396				3562.23		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

\*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per \_\_\_\_\_

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 sakt 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: 10/7/2019 3:06:51 PM

**Bill Of Lading**

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 08757164000174536	
Name: E & E COMPANY LTD	Address: 1880 Tide Court	 (402)06757164000174536	
City/State/Zip: Woodland, CA 95776	SID#: _____ FOB: <input type="checkbox"/>		
<b>SHIP TO</b>			
Name: Wal-Mart DC 6035R-REGULAR	Location #: 6035R	CARRIER NAME: WAL-MART FLEET	
Address: 3270 Nevada Terrace	6035R	Trailer number: 150098	
City/State/Zip: Ottawa, KS 66067	CID#: _____ FOB: <input type="checkbox"/>	Seal number(s): 3713468	
Dept: 00022		SCAC: WALM	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Pro Number:	
Name:	Address:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip:		Prepaid          Collect <input checked="" type="checkbox"/> 3rd Party	
SPECIAL INSTRUCTIONS: Load # =70931509		<input type="checkbox"/> Master Bill of Lading: with attached (check box) 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
3908521657	21	1	213.77	Y	N	10/17/2019	6035R	0020	00022	
<b>GRAND TOTAL</b>	21	1	213.77							

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 900</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	NMFC #	CLASS					
21	ctns					213.77				Comforters, Bedspreads	49017	200		
21						213.77				<b>GRAND TOTAL</b>				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	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 _____
--	--

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded:          Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier carries 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.
--	--	--

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000173678	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		CARRIER NAME: Swift Transportation	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	11888 Mission Blvd 6909	Trailer number:	137592
		Boal number(s):	3713490
City/State/Zip:	Jurupa Valley, CA 91752	SCAC:	SWFT
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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)	
<b>SPECIAL INSTRUCTIONS:</b>	Load #: 70846705	Appointment Time	Actual Driver Arrival Time
		1:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	11:50 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Driver Departure Time	1:50 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DG#	Supplier#
4559382280	18	86.57	Y	N	06757164000173591	6012A	
4008521657	34	350.92	Y	N	06757164000173607	6012R	
2809312237	47	237.44	Y	N	06757164000173614	6036A	
3858521627	77	724.47	Y	N	06757164000173621	6038R	
3958521727	125	1104.59	Y	N	06757164000173645	7036R	
7658833714	300	2335.39	Y	N	06757164000173591	6012A	
3208843731	632	5582.10	Y	N	06757164000173638	7036A	
3359843735	534	4889.48	Y	N	06757164000173614	6038A	
4609382248	22	101.98	Y	N	06757164000173638	7036A	
<b>Grand Total</b>	<b>1789</b>	<b>15412.92</b>					

<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><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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 Pallet: 38 <i>Scott</i>                  10/4/19</p>		<p>Trailer Loaded: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p><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.  <i>[Signature]</i> 10-04-19</p>	

Date: 10/4/2019 12:16:23 PM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000173676						
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>1080 Tide Court</b> City/State/Zip: <b>Woodland, CA 95776</b> SID#: _____ FOB: <input type="checkbox"/>								
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Swift Transportation						
Name: <b>Wal-Mart Centerpoint - 6909</b> DC#: <b>6909</b> Div. _____ Address: <b>11888 Mission Blvd</b> <b>6909</b> City/State/Zip: <b>Jurupa Valley, CA 91752</b> SID#: _____ FOB: <input type="checkbox"/>		Trailer number: <b>137592</b> Seal number(s): <b>3713490</b> SCAC: <b>SWFT</b> Pro Number: _____						
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>						
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>						
<b>SPECIAL INSTRUCTIONS:</b> Load #: 70845705		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>						
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">1:00 <sup>AM</sup> <sub>PM</sub></td> <td style="text-align: center;">11:50 <sup>AM</sup> <sub>PM</sub></td> <td style="text-align: center;">1:50 <sup>AM</sup> <sub>PM</sub></td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	1:00 <sup>AM</sup> <sub>PM</sub>	11:50 <sup>AM</sup> <sub>PM</sub>
Appointment Time	Actual Driver Arrival Time	Driver Departure Time						
1:00 <sup>AM</sup> <sub>PM</sub>	11:50 <sup>AM</sup> <sub>PM</sub>	1:50 <sup>AM</sup> <sub>PM</sub>						
<b>CARRIER INFORMATION</b>								
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>WEIGHT LBS</b>	<b>H.M. (X)</b>	<b>COMMODITY DESCRIPTION</b> <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 NIMMO Item 300</small>	<b>LTL ONLY</b>	
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>				<b>NMFC #</b>	<b>CLASS</b>
1574	ctns			14685.37		Comforters, Bedspreads	49017	200
128	ctns			301.56		Pillows, Valance, Towels	49390	100
87	ctns			425.99		Shower curtain	49386	77.5
1789				15412.92		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of this property is specifically stated by the shipper to be not exceeding _____ per _____		<b>COD Amount \$</b> Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b>			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper. If applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 38 <i>[Signature]</i> 10/4/19		<b>SHIPPER SIGNATURE / DATE</b> 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 <i>[Signature]</i> 10-04-19	

# 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: 06767164000173591



(402)06767164000173591

**SHIP TO**  
 Name: Wal-Mart DC 6012A - ASM DIS Location #: 6012A  
 Address: 3100 North I-27  
 6012A  
 City/State/Zip: Plainview, TX 79072  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

CARRIER NAME: Swift Transportation

Trailer number: 137692

Seal number(s): 3713490

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 # =70846705

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
4559382280	18	1	86.57	Y N	10/09/2019	6012A	0033	00020	
7658833714	300	7	2335.39	Y N	10/09/2019	6012A	0033	00022	
<b>GRAND TOTAL</b>	<b>318</b>	<b>8</b>	<b>2421.96</b>						

**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(a) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
272	ctns			2262.21		Comforters, Bedspreads	49017	200
28	ctns			73.18		Pillows, Valance, Towels	49390	100
18	ctns			86.57		Shower curtain	49385	77.5
318				2421.96		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

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: 10/4/2019 12:16:11 PM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000173607	
Name: E & E COMPANY LTD Address: 1000 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		 (402)06767164000173607	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Swift Transportation	
Name: Wal-Mart DC 8012R - Regular Location #: 8012R Address: 3101 North Quilney 8012R City/State/Zip: Plainview, TX 78072 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022		Trailer number: 137592 Seal number(s): 3713490 <b>SCAC:</b> SWFT <b>Pro Number:</b> <div style="background-color: black; width: 50px; height: 50px; margin: 5px 0;"></div>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load # =70845705		<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
4008521657	34	1	350.92	Y	N	10/09/2019	6012R	0020	00022	
<b>GRAND TOTAL</b>	<b>34</b>	<b>1</b>	<b>350.92</b>							

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								
34	ctns			350.92		Comforters, Bedspreads	49017	200					
34				350.92		<b>GRAND TOTAL</b>							

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	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.

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
--	---	---	--


Date: 10/4/2019 12:16:16 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: 08757164000173614  
  
 (402)06757164000173614

**SHIP TO**  
 Name: Wal-Mart DC 8036A-ASM DIS Location #: 6036A  
 Address: 8880 South US Hwy 79  
 6036A  
 City/State/Zip: Palestine, TX 76803  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** Swift Transportation  
 Trailer number: 137592  
 Seal number(s): 3713490  
**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 X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load # =70846705

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	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
2809312237	47	1	237.44	Y	N	10/15/2019	6036A	0033	00020	
3358843735	534	10	4889.46	Y	N	10/15/2019	6036A	0033	00022	
<b>GRAND TOTAL</b>	<b>581</b>	<b>11</b>	<b>5126.90</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
471	ctns			4753.66		Comforters, Bedspreads	49017	200	
63	ctns			135.80		Pillows, Valance, Towels	49390	100	
47	ctns			237.44		Shower curtain	49385	77.5	
581				5126.90		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06767164000173621  
  
 (402)06767164000173621

**SHIP TO**  
 Name: Wal-Mart DC 6036R-REGULAR Location #: 6036R  
 Address: 8660 South US Hwy 79  
 6036R  
 City/State/Zip: Palestine, TX 75603  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

CARRIER NAME: Swift Transportation  
 Trailer number: 137592  
 Seal number(s): 3713480  
 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 X 3rd Party

SPECIAL INSTRUCTIONS:  
 Load # =70845706

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
3858521627	77	2	724.47	Y	N	10/16/2019	6036R	0020	00022	
<b>GRAND TOTAL</b>	<b>77</b>	<b>2</b>	<b>724.47</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
77	ctns			724.47		Comforters, Bedspreads	49017	200	
77				724.47		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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: 06757164000173845  
  
 (402)06757164000173845

**SHIP TO**  
 Name: Wal-Mart DC 7036R - REGULAR Location #: 7036R  
 Address: 2228 FM 3013 Suite 110  
 7036R  
 City/State/Zip: Sealy, TX 77474  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

**CARRIER NAME:** Swift Transportation  
 Trailer number: 197592  
 Seal number(s): 3713490  
**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 X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load # =70846705

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	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
3958521727	125	3	1104.59	Y	N	10/17/2019	7036R	0020	00022	
<b>GRAND TOTAL</b>	125	3	1104.59							

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 NMFO Item 390</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
125	ctns			1104.59		Comforters, Bedspreads	49017	200	
125				1104.59		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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: 1660 Tide Court  
 City/State/Zip: Woodland, CA 95778  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000173638



**SHIP TO**  
 Name: Wal-Mart DC 7036A - ASM DIS Location #: 7036A  
 Address: 2226 FM 3013 Suite 100  
 7036A  
 City/State/Zip: Sealy, TX 77474  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

CARRIER NAME: Swift Transportation

Trailer number: 137692

Seal number(s): 3713490

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 # =70846705

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
4609382248	22	1	101.98	Y	N	10/17/2019	7036A	0033	00020	
3208843731	632	12	5582.10	Y	N	10/17/2019	7036A	0033	00022	
<b>GRAND TOTAL</b>	<b>654</b>	<b>13</b>	<b>5684.08</b>							

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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
595	ctns			5489.52		Comforters, Bedspreads	49017	200
37	ctns			92.58		Pillows, Valance, Towels	49390	100
22	ctns			101.98		Shower curtain	49385	77.5
654				5684.08		<b>GRAND TOTAL</b>		

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.

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000173689
Name:	E & E COMPANY LTD	
Address:	1680 Tida Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

<b>SHIP TO</b>		CARRIER NAME: Swift Transportation
Name:	Wal-Mart Centerpoint - 6909	DC#: 6009
		Div.
Address:	11888 Mission Blvd	Trailer number: 171421
	6909	Seal number(s): 3713491
City/State/Zip:	Jurupa Valley, CA 91752	SCAC: SWFT
SID#:		Pro Number:
		FOB: <input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time: 11:00 AM
Load #: 70845708		Actual Driver Arrival Time: 10:40 AM
		Driver Departure Time: 12:00 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6214182324	58	247.60	Y	N	06757164000173577	6026A	
3608521796	131	1230.19	Y	N	06757164000173584	6026R	
4458521831	183	1706.61	Y	N	06757164000173560	6021R	
5913792281	71	333.26	Y	N	06757164000173553	6021A	
8408833756	726	5739.70	Y	N	06757164000173577	6026A	
3258843657	820	6622.97	Y	N	06757164000173553	6021A	
<b>Grand Total</b>	<b>1989</b>	<b>15980.33</b>					

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 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1645	ctns			14784.06		Comforters, Bedspreads	49017	200
215	ctns			515.41		Pillows, Valance, Towels	49390	100
129	ctns			580.86		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 _____	<b>COD Amount \$</b> 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.
--	---

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 33 <i>Scott</i> 10/4/19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Toddy Martin</i>
--	---	--

Date: 10/4/2019 11:45:06 AM

# Master Bill Of Lading

Page 2 of 2


<b>SHIP FROM</b>		Master Bill of Lading Number: 06767164000173869	
Name:	E & E COMPANY LTD		
Address:	1680 Tida Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Swift Transportation	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	11888 Mission Blvd 6909	Trailer number:	171421
City/State/Zip:	Jurupa Valley, CA 91762	Seal number(s):	3713491
SID#:		SCAC:	SWFT
		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 70846706		Appointment Time	Actual Driver Arrival Time
		11:00 AM	10:40 AM
			Driver Departure Time
			12:00 AM
1989		15880.33	<b>Grand Total</b>

<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><b>COD Amount \$</b> _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>	
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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><b>SHIPPER SIGNATURE / DATE</b>          This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p> <p>Total Pallets: 33 <i>[Signature]</i>          10/4/19</p>		<p><b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces</p>	
		<p><b>CARRIER SIGNATURE / PICKUP DATE</b>          Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p> <p><i>[Signature]</i></p>	


Date: 10/4/2019 11:44:58 AM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1880 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757164000173877  
  
 (402)06757164000173877

**SHIP TO**  
 Name: Wal-Mart DC 6026A - ASM DIS Location #: 6026A  
 Address: 10817 HWY 99W  
 6026A  
 City/State/Zip: Red Bluff, CA 96080  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

**CARRIER NAME:** Swift Transportation  
 Trailer number: 171421  
 Seal number(s): 3713491  
**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 X 3rd Party

**SPECIAL INSTRUCTIONS:**  
 Load # =70845706

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
5214182324	58	1	247.60	Y	N	10/08/2019	6026A	0033	00020	
8408833756	726	11	5739.70	Y	N	10/08/2019	6026A	0033	00022	
<b>GRAND TOTAL</b>	<b>784</b>	<b>12</b>	<b>5987.30</b>							

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 Com 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS											
822	ctns			5478.15		Comforters, Bedspreads	49017	200								
104	ctns			261.55		Pillows, Valance, Towels	49390	100								
58	ctns			247.60		Shower curtain	49385	77.5								
784				5987.30		<b>GRAND TOTAL</b>										

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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(o)(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: 10/4/2019 11:44:54 AM

# Bill Of Lading

Page 1 of 1

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 96778  
 SID#: \_\_\_\_\_ FOB:

Bill of Lading Number: 08757164000173684



**SHIP TO**  
 Name: Wal-Mart DC 8026R - Regular Location #: 8026R  
 Address: 10013 HWY 99W  
 8026R  
 City/State/Zip: Red Bluff, CA 96080  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00022

CARRIER NAME: Swift Transportation

Trailer number: 171421

Seal number(s): 3713491

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

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

SPECIAL INSTRUCTIONS:  
Load # =70845706

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
3608521796	131	3	1230.19	Y	N	10/08/2019	6026R	0020	00022	
<b>GRAND TOTAL</b>	<b>131</b>	<b>3</b>	<b>1230.19</b>							

### CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of HMFQ Item 500</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
131	ctns			1230.19		Comforters, Bedspreads	49017	200
131				1230.19		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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 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.

<b>SHIP FROM</b>		Bill of Lading Number: 08757164000173560	
Name:	E & E COMPANY LTD	 (402)06757164000173560	
Address:	1880 Tickle Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Swift Transportation	
Name:	Wal-Mart DC 6021R - Regular	Location #:	6021R
Address:	1005 South H Street	Trailer number:	171421
	6021R	Seal number(s):	3713491
City/State/Zip:	Porterville, CA 93267	<b>SCAC:</b> SWFT	
CID#:		<b>Pro Number:</b>	
Dept:	00022		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:			
Address:		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
City/State/Zip:		Prepaid	Collect <input checked="" type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		3rd Party	
Load # = 70845706		<input type="checkbox"/> Master Bill of Lading: with attached (check box) 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
4458521831	183	4	1706.61	Y	N	10/08/2019	6021R	0020	00022	
<b>GRAND TOTAL</b>	183	4	1706.61							

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		
183	ctns			1706.61		Comforters, Bedspreads	49017	200		
183				1706.61		<b>GRAND TOTAL</b>				


Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	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(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.

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded:	Freight Counted:	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Properly described above is received in good order, except as noted.
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

<b>SHIP FROM</b>		Bill of Lading Number: 06767184000173553
Name: E & E COMPANY LTD	Address: 1880 Tide Court	 (402)08767184000173553
City/State/Zip: Woodland, CA 95778	SI D#: _____	
FOB: <input type="checkbox"/>		

<b>SHIP TO</b>		CARRIER NAME: Swift Transportation
Name: Wal-Mart DC 6021A - ASM DIS	Location #: 6021A	Trailer number: 171421
Address: 1006 South H Street	6021A	Seal number(s): 3713491
City/State/Zip: Porterville, CA 93257		SCAC: SWFT
CID#: _____	FOB: <input type="checkbox"/>	Pro Number:
Dept: 00020		

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

<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load # =70845708		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
5913792281	71	1	333.26	Y	N	10/08/2019	6021A	0033	00020	
3258843857	820	13	6622.97	Y	N	10/08/2019	6021A	0033	00022	
<b>GRAND TOTAL</b>	<b>891</b>	<b>14</b>	<b>6956.23</b>							

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							
709	ctns			6369.11			Comforters, Bedspreads	49017	200				
111	ctns			253.86			Pillows, Valance, Towels	49390	100				
71	ctns			333.26			Shower curtain	49385	77.5				
891				6956.23			<b>GRAND TOTAL</b>						

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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 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 \_\_\_\_\_

**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.

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000178336	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	11888 Mission Blvd 6909	Trailer number:	145468
City/State/Zip:	Jurupa Valley, CA 91752	Seal number(s):	3713447
SID#:		SCAC:	WALM
		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
Load #: 71344617		Appointment Time	Actual Driver Arrival Time
		2:00 AM	12:30 AM
		PM	PM
		Driver Departure Time	1:30 AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (GIRGLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
5913792370	22	118.58	Y	N	06757164000178169	6021A	
5214182414	52	223.67	Y	N	06757164000178183	6026A	
4809382478	36	171.19	Y	N	06757164000178206	7033A	
4458521898	106	969.76	Y	N	06757164000178176	6021R	
2868521914	124	1088.20	Y	N	06757164000178213	7033R	
3608521869	199	1738.41	Y	N	06757164000178190	6026R	
8408833892	592	4619.01	Y	N	06757164000178183	6026A	
3258843791	448	3062.42	Y	N	06757164000178169	6021A	
7808834263	636	4391.55	Y	N	06757164000178206	7033A	
<b>Grand Total</b>	<b>2215</b>	<b>16382.79</b>					

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

COD Amount \$ \_\_\_\_\_  
 Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 35 <i>Scott</i> 10/21/19	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE Carrier shall provide receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 10-21-19
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

Date: 10/21/2019 1:08:23 PM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000178336
Name:	E & E COMPANY LTD	
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WAL-MART FLEET
Name:	Wal-Mart Centerpoint - 6909	DC#: 6909
		Div.
Address:	11888 Mission Blvd 6909	Trailer number: 145468
		Seal number(s): 3713447
City/State/Zip:	Jurupa Valley, CA 91752	SCAC: WALM
SID#:		Pro Number:
		FOB: <input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time Actual Driver Arrival Time Driver Departure Time
Load #: 71344617		2:00 AM PM 12:30 AM PM 1:30 AM PM

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 500</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1982	ctns			15665.96		Comforters, Bedspreads	49017	200
123	ctns			303.39		Pillows, Valance, Towels	49390	100
110	ctns			513.44		Shower curtain	49385	77.5
2215				16382.79		<b>Grand Total</b>		

<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><b>COD Amount \$</b></p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>	
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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><b>SHIPPER SIGNATURE / DATE</b>          This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.          Total Pallets: 36 <i>[Signature]</i>          10/21/19</p>		<p><b>SHIPPER SIGNATURE</b></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><b>CARRIER SIGNATURE / PICKUP DATE</b>          Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>			



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

Bill of Lading Number: 06767164000178183



**SHIP TO**  
 Name: Wal-Mart DC 6026A - ASM DIS Location #: 6026A  
 Address: 10817 HWY 99W  
 6026A  
 City/State/Zip: Red Bluff, CA 96080  
 CID#: \_\_\_\_\_ FOB:   
 Dept: 00020

CARRIER NAME: WAL-MART FLEET

Trailer number: 146468  
 Seal number(s): 3713447

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 # = 71344617

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
5214182414	82	1	223.67	Y	N	10/25/2019	6026A	0033	00020	
8408833892	592	8	4619.01	Y	N	10/25/2019	6026A	0033	00022	
<b>GRAND TOTAL</b>	<b>644</b>	<b>9</b>	<b>4842.68</b>							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
561	ctns			4546.68		Comforters, Bedspreads	49017	200
31	ctns			72.35		Pillows, Valance, Towels	49380	100
52	ctns			223.67		Shower curtain	49385	77.5
644				4842.68		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

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 property 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: 10/21/2019 1:06:19 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: 06757164000178208  
  
 (402)06757164000178208

**SHIP TO**  
 Name: Wal-Mart DC 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:** 145488  
**Seal number(s):** 3713447  
**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 # =71344617

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	Pts Count	WEIGHT	PALLET/SLIP (GIROLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
4809382478	36	1	171.19	Y	N	10/24/2019	7033A	0033	00020	
7808834263	636	8	4391.55	Y	N	10/24/2019	7033A	0033	00022	
<b>GRAND TOTAL</b>	<b>672</b>	<b>9</b>	<b>4562.74</b>							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
582	ctns			4253.26		Comforters, Bedspreads	49017	200	
54	ctns			138.29		Pillows, Valance, Towels	49390	100	
36	ctns			171.19		Shower curtain	49385	77.5	
672				4562.74		<b>GRAND TOTAL</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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: 10/21/2019 1:06:07 PM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000178176	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	City/State/Zip: Woodland, CA 95776	SID#: _____ FOB: <input type="checkbox"/>
<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET	
Name: Wal-Mart DC 6021R - Regular	Location #: 6021R	Trailer number: 145488	Seal number(s): 3713447
Address: 1006 South H Street	6021R	SCAC: WALM	Pro Number: _____
City/State/Zip: Porterville, CA 93257	CID#: _____		
Dept: 00022	FOB: <input type="checkbox"/>	<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b> Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Name: _____	Address: _____	Appointment Time	Actual Driver Arrival Time
City/State/Zip: _____		AM	AM
SPECIAL INSTRUCTIONS:		PM	PM
Load # =71344617		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	6-Digit Dept. Number	Additional Shipper Info
4458521898	106	2	969.76	Y	N	10/26/2019	6021R	0020	00022	
<b>GRAND TOTAL</b>	106	2	969.76							

## 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 560.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
106	ctns			969.76		Comforters, Bedspreads	49017	200
106				969.76		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

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

## 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/Places



## 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: 10/21/2019 1:08:03 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 7033R-REGULAR Location #: 7033R
Address:	1680 Tide Court	Address:	21345 Johnson Rd. 7033R
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Apple Valley, CA 92307
SID#:		CID#:	
FOB:	<input type="checkbox"/>	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000178213		CARRIER NAME: WAL-MART FLEET	
		Trailer number: 145468	
(402)06757164000178213		Seal number(s): 3713447	
		SCAC: WALM	
		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 underlying Bills of Lading <input type="checkbox"/>	
City/State/Zip:		Appointment Time	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time	
Load # =71344617		Driver Departure Time	
		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
2858521914	124	3	1088.20	Y N	10/24/2019	7033R	0020	00022	
<b>GRAND TOTAL</b>	<b>124</b>	<b>3</b>	<b>1088.20</b>						

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(o) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
124	ctns			1088.20		Comforters, Bedspreads	49017	200
124				1088.20		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per \_\_\_\_\_

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.

<b>SHIP FROM</b>		Bill of Lading Number: 06767184000178190	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	City/State/Zip: Woodland, CA 95776	 (402)06767184000178190
<b>SHIP TO</b>		CARRIER NAME: WAL-MART FLEET	
Name: Wal-Mart DC 6026R - Regular	Location #: 6026R	Trailer number: 146468	Seal number(s): 3713447
Address: 10813 HWY 99W	6026R	SCAC: WALM	
City/State/Zip: Red Bluff, CA 96080		Pro Number:	
OID#:	FOB: <input type="checkbox"/>		
Dept: 00022			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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: Load # =71344617		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pits Count	WEIGHT	PALLET/SLIP (OR ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
3608521869	199	4	1738.41	Y	N	10/25/2019	6026R	0020	00022	
<b>GRAND TOTAL</b>	199	4	1738.41							

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(a) of NMFC Item 500</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
199	ctns			1738.41		Comforters, Bedspreads	49017	200
199				1738.41		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	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.
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>SHIPPER SIGNATURE</b>
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
<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	