

Date: 9/30/2019 3:11:34 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: 06757164000172716

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: Swift Transportation

Trailer number: 181658

Seal number(s): 3713409

SCAC: SWFT

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
 UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:

Load #: 70728715

Appointment Time 2:00 ^{AM} PM	Actual Driver Arrival Time 2:00 ^{AM} PM	Driver Departure Time 3:30 ^{AM} PM
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CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
5913792266	9	43.65	Y	N	06757164000172587	6021A	
4809382367	36	155.84	Y	N	06757164000172624	7033A	
5214182310	14	42.62	Y	N	06757164000172600	6026A	
7663959422	88	938.76	Y	N	06757164000172648	7033G	
3258843638	277	2706.57	Y	N	06757164000172587	6021A	
4458521816	87	706.47	Y	N	06757164000172594	6021R	
7653959359	305	2145.03	Y	N	06757164000172648	7033G	
7653959362	319	2259.38	Y	N	06757164000172648	7033G	
2858521832	44	392.80	Y	N	06757164000172631	7033R	
7808834096	410	2998.43	Y	N	06757164000172624	7033A	
3608521784	71	877.19	Y	N	06757164000172617	6026R	
8408833736	351	2939.31	Y	N	06757164000172600	6026A	
Grand Total	2011	16002.05					

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: 42
 Scott
 9/30/19

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]

Date: 9/30/2019 3:11:34 PM


Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757164000172716	
Name:	E & E COMPANY LTD	Address:	1800 Tide Court
City/State/Zip:	Woodland, CA 95776	SID#:	FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: Swift Transportation	
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"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS: Load #: 70728715		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		2:00 AM PM	2:00 AM PM
		Driver Departure Time	3:30 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(a) of NMFC Item 550</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1876	ctns			15584.62		Comforters, Bedspreads	49017	200
76	ctns			175.32		Pillows, Valance, Towels	49390	100
59	ctns			242.11		Shower curtain	49385	77.5
2011				16002.05		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 42 <i>Scott</i> 9/30/19		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>	

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

Bill of Lading Number: 06757164000172587

 (402)06757164000172587

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

CARRIER NAME: Swift Transportation
 Trailer number: 181668
 Seal number(s): 3713499
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 # =70728715

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
5913792266	9	1	43.65	Y	N	10/04/2019	6021A	0033	00020	
3258843638	277	6	2706.57	Y	N	10/04/2019	6021A	0033	00022	
GRAND TOTAL	286	7	2750.22							

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									
277	ctns			2706.57		Comforters, Bedspreads	48017	200						
9	ctns			43.65		Shower curtain	49385	77.5						
286				2750.22		GRAND TOTAL								

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

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

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

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

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

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

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

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

Date: 9/30/2019 3:11:14 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: 06757164000172624



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: Swift Transportation

Trailer number: 181668

Seal number(s): 3713499

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 underlying Bills of Lading (check box)

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

SPECIAL INSTRUCTIONS:
 Load # =70728715

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
4809382367	36	1	155.84	Y N	10/03/2019	7033A	0033	00020	
7808834095	410	7	2996.43	Y N	10/03/2019	7033A	0033	00022	
GRAND TOTAL	446	8	3152.27						

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
359	ctns			2885.17		Comforters, Bedspreads	49017	200
51	ctns			111.26		Pillows, Valance, Towels	49390	100
36	ctns			155.84		Showers curtain	49385	77.5
446				3152.27		GRAND TOTAL		

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver


Freight Counted:

By Shipper
 By Driver/pallets 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 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757164000172600

 (402)06757164000172600

SHIP TO
 Name: Wal-Mart DC 8028A - ASM DIS Location # 8026A
 Address: 10817 HWY 99W
 8026A
 City/State/Zip: Red Bluff, CA 96080
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: Swift Transportation
 Trailer number: 101868
 Seal number(s): 3713499
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 # =70728715

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
5214182310	14	1	42.62	Y	N	10/04/2019	6026A	0033	00020	
8408833736	351	8	2939.31	Y	N	10/04/2019	6026A	0033	00022	
GRAND TOTAL	365	9	2981.93							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage shall be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
328	ctns			2875.25		Comforters, Bedspreads	49017	200
26	ctns			64.06		Pillows, Valance, Towels	49390	100
14	ctns			42.62		Shower curtain	49385	77.5
365				2981.93		GRAND TOTAL		

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

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

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


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


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

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

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

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

SHIP FROM		Bill of Lading Number: 06757164000172648
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000172648
City/State/Zip: Woodland, CA 96776	SID#: _____	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: Swift Transportation
Name: Wal-Mart DC 7033G-GENERAL	Location #: 7033G	Trailer number: 181669
Address: 21216 Johnson Rd.	7033G	Seal number(s): 3713489
City/State/Zip: Apple Valley, CA 92307	CID#: _____	SCAC: SWFT
Dept: 00022	FOB: <input type="checkbox"/>	Pro Number: 

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

SPECIAL INSTRUCTIONS: Load # =70728715	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
7653959422	88	3	936.76	Y	N	10/04/2019	7033G	0003	00022	
7653959362	319	4	2259.38	Y	N	10/04/2019	7033G	0003	00022	
7653959359	305	6	2145.03	Y	N	10/04/2019	7033G	0003	00022	
GRAND TOTAL	712	13	5341.17							

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					
712	ctns					5341.17		Comforters, Bedspreads		49017	200	
712						5341.17		GRAND TOTAL				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	COD Amount: \$ _____
	Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
	Customer check acceptable: <input type="checkbox"/>

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Placas	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. Properly described above is received in good order, except as noted.</small>
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Date: 9/30/2019 3:11:18 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: 06757164000172594



SHIP TO
 Name: Wal-Mart DC 6021R - Regular Location #: 6021R
 Address: 1005 South H Street
 6021R
 City/State/Zip: Porterville, CA 93257
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Swift Transportation

Trailer number: 181658

Seal number(s): 3713409

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 underlying Bills of Lading (check box)

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

SPECIAL INSTRUCTIONS:
 Load # =70728715

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
4458521816	87	2	706.47	Y	N	10/04/2019	6021R	0020	00022	
GRAND TOTAL	87	2	706.47							

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	
87	ctns			706.47		Comforters, Bedspreads	49017	200	
87				706.47		GRAND TOTAL			

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

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

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

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

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

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly 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.

Shipper Signature


Date: 9/30/2019 3:11:31 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: 06767164000172631

 (402)06767164000172631

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: Swift Transportation
 Trailer number: 181668
 Seal number(s): 3713499
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 # =70728715

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
2858521832	44	1	392.80	Y	N	10/03/2019	7033R	0020	00022	
GRAND TOTAL	44	1	392.80							

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 303.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
44	ctns			392.80		Comforters, Bedspreads	49017	200	
44				392.80		GRAND TOTAL			

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

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

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

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

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

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

Trailer Loaded:
 By Shipper
 By Driver

Freight Counted:
 By Shipper
 By Driver/pallets 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: 9/30/2019 3:11:28 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 8026R - Regular Location #: 6026R
Address:	1680 Tide Court	Address:	10813 HWY 99W 8026R
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Red Bluff, CA 96080
SID#:		Dept:	00022
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SPECIAL INSTRUCTIONS:		SPECIAL INSTRUCTIONS:	
Load # =70728716		Load # =70728716	
THIRD PARTY FREIGHT CHARGES BILL TO:		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SPECIAL INSTRUCTIONS:		SPECIAL INSTRUCTIONS:	
Load # =70728716		Load # =70728716	

Bill of Lading Number: 08767164000172617



(402)06757164000172617

CARRIER NAME: Swift Transportation

Trailer number: 181668

Seal number(s): 3713499

SCAC: SWFT

Pro Number:

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

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
3808621784	71	2	677.19	Y N	10/04/2019	8026R	0020	00022	
GRAND TOTAL	71	2	677.19						

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
71	ctns			677.19		Comforters, Bedspreads	49017	200
71				677.19		GRAND TOTAL		

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

per _____

GOD Amount: \$ _____

Fee Terms: Collect: 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:

 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: 9/27/2019 11:14:55 AM

Master Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1600 Tide Court
 City/State/Zip: Woodland, CA 95770
 SID#: _____ FOB:

Master Bill of Lading Number: 06757164000172433

SHIP TO
 Name: Wal-Mart Centerpoint - 6909 DC#: 6009
 Div. _____
 Address: 11888 Mission Blvd
 6909
 City/State/Zip: Jurupa Valley, CA 91752
 SID#: _____ FOB:

CARRIER NAME: Swift Transportation
 Trailer number: 135573
 Seal number(s): 0973197
SCAC: SWFT
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 70640135

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:
 MASTER BILL OF LANDING: WITH ATTACHED
 (check box) **UNDERLYING BILLS OF LANDING**
 Appointment Time: 11:00 AM
 Actual Driver Arrival Time: 9:00 AM
 Driver Departure Time: 11:20 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS GTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1109392238	13	75.92	Y	N	06757164000172129	6019A	
5213482261	11	64.24	Y	N	06757164000172143	6035A	
6316060241	25	98.50	Y	N	06757164000172167	6069A	
3908521627	16	176.32	Y	N	06757164000172150	6035R	
8808833828	281	2283.44	Y	N	06757164000172143	6035A	
1053918510	470	3210.88	Y	N	06757164000172358	6019	
3308521760	70	582.16	Y	N	06757164000172136	6019R	
6413623573	277	2105.32	Y	N	06757164000172167	6069A	
1053918550	204	2190.00	Y	N	06757164000172198	6019	
3108843894	275	2335.09	Y	N	06757164000172129	6019A	
3208521510	17	183.81	Y	N	06757164000172174	6069R	
1053918508	610	4501.22	Y	N	06757164000172181	6019	
Grand Total	2269	17806.70					

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: 43

 9/27/19

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.

 9/27/19

Date: 9/27/2019 11:14:55 AM



Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757184000172433	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Swift Transportation	
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: 135573 Seal number(s): 0973197 SCAC: SWFT Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 70640136		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time 11:00 ^{AM} _{PM}	Actual Driver Arrival Time 9:00 ^{AM} _{PM}
		Driver Departure Time 11:20 ^{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(c) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2086	ctns			17266.15		Comforters, Bedspreads	49017	200
134	ctns			301.89		Pillows, Valance, Towels	49390	100
49	ctns			238.66		Shower curtain	49385	77.5
2269				17806.70		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 43 _____ 9/27/19		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. _____ X	

SHIP FROM		Bill of Lading Number: 06767164000172358	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	City/State/Zip: Woodland, CA 95776	SID#: _____
FOB: <input type="checkbox"/>		 (402)03767164000172358	
SHIP TO		CARRIER NAME: Swift Transportation	
Name: Wal-Mart DC - 6019	Location #: 6019	Trailer number: 135573	Seal number(s): 0973197
Address: 7400 E. Crossroads Blvd.	6019	SCAC: SWFT	Pro Number: _____
City/State/Zip: Loveland, CO 80538	CID#: _____		
Dept: 00022	FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
Name: _____	Address: _____	Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>	
City/State/Zip: _____	Appointment Time: AM <input type="checkbox"/> PM <input type="checkbox"/>		
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time	Driver Departure Time
Load # =70640135		AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>


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
1053918510	470	6	3210.68	Y	N	10/04/2019	06019	0003	00022	
GRAND TOTAL	470	6	3210.68							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
470	ctns			3210.68		Comforters, Bedspreads	49017	200	
470				3210.68		GRAND TOTAL			


Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"		COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Shipper Signature _____ 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 95776
 SID#: _____ FOB:

Bill of Lading Number: 08757164000172174

 (402)06757164000172174

SHIP TO
 Name: Wal-Mart DC 6089R-REGULAR Location #: 6089R
 Address: 1106 Mallock Drive
 6089R
 City/State/Zip: St. James, MO 65569
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Swift Transportation
 Trailer number: 136573
 Seal number(s): 0973197
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 # =70640135

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
3208521510	17	1	183.81	Y	N	10/08/2019	6069R	0020	00022	
GRAND TOTAL	17	1	183.81							

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 insure safe transportation with ordinary care. See Section 2(s) of NMFC Item 300</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
17	ctns			183.81		Comforters, Bedspreads	49017	200	
17				183.81		GRAND TOTAL			

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

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

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


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

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

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

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/Pallets sold to contain By Driver/Pieces

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

SHIP FROM		Bill of Lading Number: 06767164000172167	
Name: E & E COMPANY LTD	Address: 1680 Tida Court	City/State/Zip: Woodland, CA 95776	SID#: <input type="checkbox"/> FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: Swift Transportation	
Name: Wal-Mart DC 6069A-ASM DIS	Location #: 6069A	Trailer number: 135573	Seal number(s): 0973197
Address: 1200 Matlock Drive	6069A	SCAC: SWFT	Pro Number:
City/State/Zip: St. James, MO 65559	CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>		
Dept: 00020	THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:	Prepaid <input type="checkbox"/> Collect <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	Actual Driver Arrival Time	Driver Departure Time
Load # =70640135	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
6316080241	25	1	98.50	Y	N	10/08/2019	6069A	0033	00020	
6413523573	277	6	2105.32	Y	N	10/08/2019	6069A	0033	00022	
GRAND TOTAL	302	7	2203.82							

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 380</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
222	ctns			1977.92		Comforters, Bedspreads	49017	200	
55	ctns			127.40		Pillows, Valance, Towels	49390	100	
25	ctns			98.50		Shower curtain	49385	77.5	
302				2203.82		GRAND TOTAL			

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

SHIPPER SIGNATURE / DATE <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:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small>
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	

Date: 9/27/2019 11:14:50 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: 06757164000172181



SHIP TO
 Name: Wal-Mart DC - 6019 Location #: 6019
 Address: 7400 E. Crossroads Blvd.
 6019
 City/State/Zip: Loveland, CO 80538
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Swift Transportation

Trailer number: 135573
Seal number(s): 0973197

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 underlying Bills of Lading (check box)

SPECIAL INSTRUCTIONS:
Load # =70640135

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
1053918508	610	9	4501.22	Y	N	10/04/2019	06019	0003	00022	
GRAND TOTAL	610	9	4501.22							

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 380</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
610	ctns			4501.22		Comforters, Bedspreads	49017	200
610				4501.22		GRAND TOTAL		

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

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

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

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

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



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

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

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

Date: 9/27/2019 11:14:47 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757164000172136	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000172136	
City/State/Zip: Woodland, CA 95776	SID#: _____ FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: Swift Transportation	
Name: Wal-Mart DC 6019R - REGULAR	Location #: 6019R	Trailer number: 136573	
Address: 7506 East Crossroads Boulevard	6019R	Seal number(s): 0973197	
City/State/Zip: Loveland, CO 80538	CID#: _____ FOB: <input type="checkbox"/>	SCAC: SWFT	
Dept: 00022		Pro Number: 	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____	Address: _____	Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
City/State/Zip: _____		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load # =70640135		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pks 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
3308521760	70	2	582.16	Y	N	10/02/2019	6019R	0020	00022	
GRAND TOTAL	70	2	582.16							

HANDLING UNIT								PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity 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									
70	ctns			582.16		Comforters, Bedspreads	49017	200						
70				582.16		GRAND TOTAL								

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

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

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

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



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

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

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

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

Bill Of Lading

SHIP FROM		Bill of Lading Number: 08757164000172143	
Name: E & E COMPANY LTD		 (402)08757164000172143	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: Swift Transportation	
SHIP TO		Trailer number: 136573	
Name: Wal-Mart DC 6035A-ASM DIS Location #: 6035A		Seal number(s): 0873197	
Address: 3220 Nevada Terrace		SCAC: SWFT	
6035A		Pro Number: 	
City/State/Zip: Ottawa, KS 66067		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> Master Bill of Lading; with attached (check box) underlying Bills of Lading	
CID#: _____ FOB: <input type="checkbox"/>			
Dept: 00020			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: _____		Appointment Time	
Address: _____		Actual Driver Arrival Time	
City/State/Zip: _____		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load # =70640135		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
6213482261	11	1	64.24	Y	N	10/08/2019	6035A	0033	00020	
8808833828	281	5	2283.44	Y	N	10/08/2019	6035A	0033	00022	
GRAND TOTAL	292	6	2347.68							

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 550</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
227	ctns			2171.02		Comforters, Bedspreads	49017	200
54	ctns			112.42		Pillows, Valance, Towels	49390	100
11	ctns			64.24		Shower curtain	49386	77.5
292				2347.68		GRAND TOTAL		

Where the rate is dependent 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: <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.
--	--	--	--

Date: 9/27/2019 11:14:44 AM


Bill Of Lading

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

Bill of Lading Number: 06757164000172160

 (402)06757164000172160

SHIP TO
 Name: Wal-Mart DO 6035R-REGULAR Location #: 6035R
 Address: 3270 Nevada Terrace
 6035R
 City/State/Zip: Ottawa, KS 66067
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Swift Transportation
 Trailer number: 196673
 Seal number(s): 0973197
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 # =70840136

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
3908521627	16	1	176.32	Y	N	10/08/2019	6035R	0020	00022	
GRAND TOTAL	16	1	176.32							

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 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	
16	ctns			176.32		Comforters, Bedspreads	49017	200	
16				176.32		GRAND TOTAL			

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

Date: 9/27/2019 11:14:28 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08767184000172129
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06767184000172129
City/State/Zip: Woodland, CA 95776	SID#: _____	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: Swift Transportation
Name: Wal-Mart DC 6019A - ASM DIS	Location #: 6019A	Trailer number: 136673
Address: 7604 East Crossroads Boulevard	6019A	Seal number(s): 0973197
City/State/Zip: Loveland, CO 80538	CID#: _____	SCAC: SWFT
Dept: 00020	FOB: <input type="checkbox"/>	Pro Number:

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

SPECIAL INSTRUCTIONS: Load # =70640136	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pks 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
1109392238	13	1	76.92	Y	N	10/02/2019	6019A	0033	00020	
3108843894	275	6	2335.09	Y	N	10/02/2019	6019A	0033	00022	
GRAND TOTAL	288	7	2411.01							

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 380</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	NMFC #	CLASS					
250	ctns					2273.02						Comforters, Bedspreads	49017	200		
25	ctns					62.07						Pillows, Valance, Towels	49390	100		
13	ctns					75.92						Shower curtain	49385	77.5		
288						2411.01						GRAND TOTAL				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	--

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



RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
--	---

SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Piece	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small>
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Date: 9/27/2019 11:14:26 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757164000172198	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court	(402)06767164000172198	
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Swift Transportation	
Name:	Wal-Mart DC - 8019	Trailer number: 135579	
Address:	7400 E. Crossroads Blvd. 6019	Seal number(s): 0973197	
City/State/Zip:	Loveland, CO 80538	SCAC: SWFT	
GID#:		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 X 3rd Party	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time	
Load # =70640136		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
1063918550	204	4	2190.00	Y	N	10/04/2019	06019	0003	00022	
GRAND TOTAL	204	4	2190.00							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
204	ctns			2190.00		Comforters, Bedspreads	49017	200	
204				2190.00		GRAND TOTAL			

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

COD Amount: \$

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets 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: 9/27/2019 1:13:35 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757164000172556
Name:	E & E COMPANY LTD	
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Swift Transportation	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
Address:	11800 Mission Blvd 6909	Trailer number:	121727
City/State/Zip:	Jurupa Valley, CA 91762	Seal number(s):	0973196
SID#:	FOB: <input type="checkbox"/>	SCAC:	SWFT
		Pro Number:	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:	9/27	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 70640142		12:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	11:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Driver Departure Time	12:30 <input 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#
2809312204	16	42.88	Y	N	06757164000172204	6036A	
4609382211	53	238.87	Y	N	06757164000172228	7036A	
3958521703	123	1153.21	Y	N	06757164000172235	7036R	
3358843688	661	5782.21	Y	N	06757164000172204	6036A	
3208843682	822	7245.85	Y	N	06757164000172228	7036A	
3858521607	115	1056.39	Y	N	06757164000172211	6036R	
Grand Total	1790	15519.41					

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 363</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1597	ctns			14920.17		Comforters, Bedspreads	49017	200
124	ctns			317.49		Pillows, Valance, Towels	49390	100
69	ctns			281.75		Shower curtain	49385	77.5

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
---	---

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14708(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or conditions 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 (swft) 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. <i>[Signature]</i> 9/27/19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. <i>[Signature]</i> 09/27
--	--	--	--

Date: 9/27/2019 1:13:35 PM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Wal-Mart Centerpoint - 6909	Name:	
Address:	1680 Tide Court	DC#:	6909	Address:	
City/State/Zip:	Woodland, CA 95776	Div.		City/State/Zip:	
SID#:		FOB:	<input type="checkbox"/>	City/State/Zip:	Jurupa Valley, CA 91752
		FOB:	<input type="checkbox"/>	SID#:	
Master Bill of Lading Number: 06757164000172656		CARRIER NAME: Swift Transportation		Freight Charge Terms:	
		Trailer number: 121727		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
		Seal number(s): 0973196		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		SCAC: SWFT		Appointment Time	
		Pro Number:		AM	
				PM	
				Actual Driver Arrival Time	
				AM	
				PM	
				Driver Departure Time	
				AM	
				PM	
1790		15519.41		Grand Total	

Where the rate is dependent on value, shippers are required to elated 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: 34

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.

Date: 9/27/2019 1:15:12 PM

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: 08757184000172228  (402)06757164000172228	
SHIP TO		Name: Wal-Mart DC 7036A - ASM DIS Location #: 7036A Address: 2228 FM 3013 Suite 100 7036A City/State/Zip: Sealy, TX 77474 CID#: _____ FOB: <input type="checkbox"/> Dept: 00020		CARRIER NAME: Swift Transportation Trailer number: 121727 Seal number(s): 0973196 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 <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load # =70640142				<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	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
4609382211	53	1	238.87	Y	N	10/10/2019	7036A	0033	00020	
3208843682	822	14	7246.85	Y	N	10/10/2019	7036A	0033	00022	
GRAND TOTAL	875	15	7484.72							

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		
748	ctns			7063.56		Comforters, Bedspreads	49017	200		
74	ctns			182.29		Pillows, Valance, Towels	49390	100		
53	ctns			238.87		Shower curtain	49385	77.5		
875				7484.72		GRAND TOTAL				

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets sold to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE


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

Date: 9/27/2019 11:35:35 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: 08767164000172236

 (402)08767164000172236

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

CARRIER NAME: Swift Transportation
 Trailer number: 121727
 Seal number(s): 0873186
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 # =70640142

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
12:00 AM PM	11:15 AM PM	12:30 AM 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
3958521703	123	3	1153.21	Y	N	10/10/2019	7036R	0020	00022	
GRAND TOTAL	123	3	1153.21							

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 380</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS						
123	ctns					1153.21		Comforters, Bedspreads	49017	200			
123						1153.21		GRAND TOTAL					

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

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

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

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

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

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 _____ 9/27/19

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. Property described above is received in good order, except as noted.
 X Gary W. Felker 0927

Date: 9/27/2019 11:33:22 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: 08767164000172211

 (402)06767164000172211

SHIP TO
 Name: Wal-Mart DC 8036R-REGULAR Location #: 8036R
 Address: 8860 South US Hwy 79
 8036R
 City/State/Zip: Palestine, TX 75803
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Swift Transportation
 Trailer number: 121727
 Seal number(s): 0973196
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 # =70640142

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
12:00 AM PM	11:15	12:30 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
3858521607	115	3	1056.39	Y N	10/08/2019	8036R	0020	00022	
GRAND TOTAL	115	3	1056.39						

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 NMFO Item 360.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
115	ctns			1056.39		Comforters, Bedspreads	49017	200	
115				1056.39		GRAND TOTAL			

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

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

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

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

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

SHIPPER SIGNATURE / DATE
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 _____ 9/27/19

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. Property described above is received in good order, except as noted.
 _____ 0927

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

Bill of Lading Number: 06767164000172204



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: 00020

CARRIER NAME: Swift Transportation

Trailer number: 121727
 Seal number(s): 0973196

SCAG: SWFT

Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

City/State/Zip: _____

Prepaid Collect X 3rd Party

SPECIAL INSTRUCTIONS:
 Load # =70640142

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
12:00 AM PM	11:15 AM PM	12:30 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
2809312204	16	1	42.88	Y	N	10/08/2019	6036A	0033	00020	
3358843688	661	12	5782.21	Y	N	10/08/2019	6036A	0033	00022	
GRAND TOTAL	677	13	5825.09							

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(p) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
611	ctns			5647.01		Comforters, Bedspreads	49017	200
50	ctns			135.20		Pillows, Valance, Towels	49390	100
16	ctns			42.88		Shower curtain	49385	77.5
677				5825.09		GRAND TOTAL		

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 _____ 9/27/19

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. Property described above is received in good order, except as noted.
 X Gary W Felton 09/27

Date: 9/26/2019 2:01:00 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: 06757164000172440

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

CARRIER NAME: NEW LEGEND TRUCKING

Trailer number: LHC-8468

Seal number(s): 0973193

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1:00 AM	2:30 PM	2:50 AM

SPECIAL INSTRUCTIONS:
 Load #: 70640143

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6868992295	13	76.92	Y	N	06757164000172242	6031A	
4008521633	18	146.70	Y	N	06757164000172273	6012R	
4308521819	33	272.37	Y	N	06757164000172259	6031R	
5002729190	190	2028.46	Y	N	06757164000172280	6012G	
5002729169	377	2826.41	Y	N	06757164000172280	6012G	
5452729165	441	3102.99	Y	N	06757164000172297	6031G	
7658833670	174	1356.92	Y	N	06757164000172266	6012A	
7758833928	52	486.33	Y	N	06757164000172242	6031A	
5452729164	496	3693.79	Y	N	06757164000172297	6031G	
5002729170	416	3159.09	Y	N	06757164000172280	6012G	
5452729165	132	1406.25	Y	N	06757164000172297	6031G	
Grand Total	2342	18464.23					

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: 41

 9/27/19

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

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.

Date: 9/26/2019 2:01:00 PM

Master Bill Of Lading


SHIP FROM		Master Bill of Lading Number: 06757164000172440						
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>								
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING						
Name: Wal-Mart Centerpoint - 6909 DC#: 6909 Div. _____ Address: 11888 Mission Blvd 6909 City/State/Zip: Jurupa Valley, CA 91752 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: LHC-8468 Seal number(s): 0973193 SCAC: LEGS Pro Number: _____						
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:						
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>						
SPECIAL INSTRUCTIONS: Load #: 70640143		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING						
		Appointment Time: 1:00 AM PM	Actual Driver Arrival Time: 2:30 AM PM	Driver Departure Time: 2:50 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(b) of NMFC Item 389</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2318	ctns			18366.81		Comforters, Bedspreads	49017	200
11	ctns			21.50		Pillows, Valances, Towels	49390	100
13	ctns			75.92		Shower curtain	49385	77.5
2342				18454.23		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 41 <i>Scott</i>	Trailer Loaded; Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver
9/27/19	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>


Date: 9/26/2019 2:00:41 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: 06757164000172242

 (402)06757164000172242

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: 00022

CARRIER NAME: NEW LEGEND TRUCKING
 Trailer number: LHC-8468
 Seal number(s): 0973193
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 # =70640143

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
7758933928	52	1	486.33	Y	N	10/01/2019	6031A	0033	00022	
5858992295	13	1	75.92	Y	N	10/01/2019	6031A	0033	00020	
GRAND TOTAL	65	2	562.25							

HANDLING UNIT								PACKAGE				WEIGHT		H.M. (X)	COMMODITY DESCRIPTION			LTL ONLY		
QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	QTY	TYPE	NMFC #	CLASS	
52	ctns					486.33														
13	ctns					75.92														
65						562.25														
GRAND TOTAL																				

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

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

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

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

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

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



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

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

Date: 9/28/2019 2:00:37 PM

Bill Of Lading

Page 1 of 1

SHIP FROM				SHIP TO							
Name:	E & E COMPANY LTD			Name: Wal-Mart DC 6031R-REGULAR Location #: 6031R							
Address:	1680 Tide Court			Address: 23701 West Southern Avenue							
City/State/Zip:	Woodland, CA 95776			City/State/Zip: Buckeye, AZ 85326							
SID#:				CID#: 00022							
FOB: <input type="checkbox"/>				FOB: <input type="checkbox"/>							
Bill of Lading Number: 06767184000172269				CARRIER NAME: NEW LEGEND TRUCKING							
				Trailer number: LHC-8468							
(402)06767184000172269				Seal number(s): 0973193							
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC: LEGS							
Name:				Pro Number:							
Address:											
City/State/Zip:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)							
SPECIAL INSTRUCTIONS:				Prepaid <input type="checkbox"/> Collect X 3rd Party							
Load # =70640143				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	
4308521819	33	1	272.37	Y	N	10/01/2019	6031R	0020	00022		
GRAND TOTAL	33	1	272.37								
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION				LTL ONLY	
QTY	TYPE	QTY	TYPE			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				NMFC #	CLASS
33	ctns			272.37		Comforters, Bedspreads				49017	200
33				272.37		GRAND TOTAL					

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

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

per _____

COD Amount: \$ _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:



 By Shipper By Driver/pallets sold to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Date: 9/26/2019 2:00:51 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757164000172280
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		 (402)06757164000172280
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING
Name: Wal-Mart DC 6012G - General Location #: 6012G Address: 3100 North I-27 6012G City/State/Zip: Plainview, TX 79072 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022		Trailer number: LHC-8468 Seal number(s): 0973193 SCAC: LEGS Pro Number: 
THIRD PARTY FREIGHT CHARGES BILL TO:		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"/> Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>
SPECIAL INSTRUCTIONS: Load # =70640143		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
5002729190	190	5	2028.46	Y	N	10/04/2019	6012G	0003	00022	
5002729169	377	6	2826.41	Y	N	10/04/2019	6012G	0003	00022	
5002729170	416	6	3159.09	Y	N	10/04/2019	6012G	0003	00022	
GRAND TOTAL	983	17	8013.96							



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	
983	ctns			8013.96		Comforters, Bedspreads	49017	200	
983				8013.96		GRAND TOTAL			

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

Date: 9/26/2019 2:00:56 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000172297	
Name:	E & E COMPANY LTD	 (402)06757164000172297	
Address:	1660 Tide Court		
City/State/Zip:	Woodland, CA 95778		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name:	Wal-Mart DC 6031G-GENERAL. Location #: 6031G	Trailer number: LHC-8468	
Address:	23701 West Southern Avenue	Seal number(s): 0973193	
	6031G	SCAC: LEGS	
City/State/Zip:	Buckeye, AZ 85326	Pro Number:	
CID#:	FOB: <input type="checkbox"/>		
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 <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load # =70840143		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
5452729186	132	3	1405.26	Y	N	10/04/2019	6031G	0003	00022	
5452729164	496	7	3593.79	Y	N	10/04/2019	6031G	0003	00022	
5452729165	441	6	3102.98	Y	N	10/04/2019	6031G	0003	00022	
GRAND TOTAL	1069	16	8102.03							

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		
1069	ctns			8102.03		Comforters, Bedspreads	49017	200		
1069				8102.03		GRAND TOTAL				

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

per _____

COD Amount: \$ _____

 Fee Terms: Collect: Prepaid:

 Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets sold to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1880 Tide Court
 City/State/Zip: Woodland, CA 96778
 SID#: _____ FOB:

Bill of Lading Number: 06757164000172266



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

CARRIER NAME: NEW LEGEND TRUCKING

Trailer number: LHC-8468

Seal number(s): 0973193

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

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 # =70640143

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
7658833670	174	4	1356.92	Y	N	10/02/2019	6012A	0033	00022	
GRAND TOTAL	174	4	1356.92							

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(e) of NMFC Item 350.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
163	ctns			1335.42		Comforters, Bedspreads	49017	200
11	ctns			21.50		Pillows, Valance, Towels	49390	100
174				1356.92		GRAND TOTAL		

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets sold to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Master Bill of Lading Number: 06757164000172426
Name:	E & E COMPANY LTD	
Address:	1680 Tkle Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: Covenant Transport
Name:	Wal-Mart Centerpoint - 6909	DC#: 6909
		Div.
Address:	11888 Mission Blvd 6909	Trailer number: 129136
		Seal number(s): 0973192
City/State/Zip:	Jurupa Valley, CA 91752	SCAC: CVEN
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 UNDERLYING BILLS OF LANDING (check box)
SPECIAL INSTRUCTIONS:	Load #: 70640144	Appointment Time: 10:00 AM/PM
		Actual Driver Arrival Time: 9:50 AM/PM
		Driver Departure Time: 10:10 AM/PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
8408833706	185	1278.10	Y	N	06757164000172051	6026A	
5214182288	20	116.80	Y	N	06757164000172051	6026A	
7808834066	140	1086.59	Y	N	06757164000172099	7033A	
1153918547	84	900.80	Y	N	06757164000172105	6026G	
3258843610	149	1028.78	Y	N	06757164000172075	6021A	
1153918507	436	2905.51	Y	N	06757164000172105	6026G	
4458521804	18	191.30	Y	N	06757164000172082	6021R	
7505335491	480	3119.18	Y	N	06757164000172112	6021G	
1153918505	378	2417.69	Y	N	06757164000172105	6026G	
7505335511	144	1536.72	Y	N	06757164000172112	6021G	
3608521768	25	238.61	Y	N	06757164000172088	6026R	
4809382342	12	70.08	Y	N	06757164000172099	7033A	
7505335490	527	3605.04	Y	N	06757164000172112	6021G	

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: 40 <i>Scott</i> 9/27/19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or affixed to the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Alte</i> 09/27/19
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SHIP FROM		Master Bill of Lading Number: 06757164000172428	
Name: E & E COMPANY LTD			
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#: _____		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Covenant Transport	
Name: Wal-Mart Centerpoint - 6909		DC#: 6909	
		Div. _____	
Address: 11888 Mission Blvd 6909		Trailer number: 120136	
City/State/Zip: Jurupa Valley, CA 91752		Seal number(s): 0873192	
SID#: _____		SCAC: CVEN	
		Pro Number: _____	
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	
City/State/Zip: _____		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 70640144		Actual Driver Arrival Time	
		Driver Departure Time	
		10:00 AM PM 9:50 AM PM 10:10 AM PM	
Grand Total		2598 18495.00	



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 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2495	ctns			18126.11		Comforters, Bedspreads	49017	200
71	ctns			182.01		Pillows, Valance, Towels	49390	100
32	ctns			186.88		Shower curtain	49385	77.5
2598				18495.00		Grand Total		

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"</p>		<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>	
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>			
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>		<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>	
<p>SHIPPER SIGNATURE / DATE 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: 40 <i>[Signature]</i> 9/27/19</p>		<p>SHIPPER LOADING / FREIGHT COUNTING</p> <p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	
		<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards, Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i></p>	

Date: 9/28/2019 12:01:14 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 6026A - ASM DIS Location #: 6026A
Address:	1680 Tide Court	Address:	10817 HWY 99W 6026A
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Red Bluff, CA 96080
SID#:		CID#:	
FOB:	<input type="checkbox"/>	Dept:	00020
Bill of Lading Number: 08767164000172051		CARRIER NAME: Covenant Transport	
		Trailer number: 129136	
(402)06757164000172051		Seal number(s): 0873192	
		SCAC: CVEN	
		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 # =70640144		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
5214182288	20	1	116.80	Y N	10/01/2019	6026A	0033	00020	
8408833706	186	3	1278.10	Y N	10/01/2019	6026A	0033	00022	
GRAND TOTAL	206	4	1394.90						

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(g) of NMFC Item 386</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
167	ctns			1233.33		Comforters, Bedspreads	49017	200
18	ctns			44.77		Pillows, Valance, Towels	49390	100
20	ctns			116.80		Shower curtain	49386	77.5
205				1394.90		GRAND TOTAL		

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

per _____

COD Amount: \$ _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces



CARRIER SIGNATURE / PICKUP DATE

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

Date: 9/26/2019 12:01:30 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08767164000172099										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		 (402)06767164000172099										
SHIP TO		CARRIER NAME: Covenant Transport										
Name: Wal-Mart DC 7033A-ASM DIS Location #: 7033A Address: 21215 Johnson Rd. 7033A City/State/Zip: Apple Valley, CA 92307 CID#: _____ FOB: <input type="checkbox"/> Dept: 00020		Trailer number: 129136 Seal number(s): 0973192 SCAC: CVEN Pro Number: 										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
Name: _____ Address: _____ City/State/Zip: _____												
SPECIAL INSTRUCTIONS: Load # =70840144		<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	Pfts 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
4809382342	12	0	70.08	Y	N	09/30/2019	7033A	0033	00020	
7808834066	140	3	1086.69	Y	N	09/30/2019	7033A	0033	00022	
GRAND TOTAL	152	3	1156.67							

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
115	ctns			1010.59		Comforters, Bedspreads	49017	200
25	ctns			76.00		Pillows, Valance, Towels	49390	100
12	ctns			70.08		Shower curtain	49386	77.5
152				1156.67		GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(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. <div style="text-align: right;">Shipper Signature</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to consignee <input type="checkbox"/> By Driver/Placess </td> </tr> </table>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to consignee <input type="checkbox"/> By Driver/Placess
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 consignee <input type="checkbox"/> By Driver/Placess		
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: 06767164000172106



SHIP TO
 Name: Wal-Mart DC 6026G - General Location #: 6026G
 Address: 10817 HWY 99W
 6026G
 City/State/Zip: Red Bluff, CA 96080
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Covenant Transport

Trailer number: 129138
 Seal number(s): 0973192

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

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 # = 70640144

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
1153918547	84	2	900.60	Y	N	10/04/2019	6026G	0003	00022	
1153918505	378	6	2417.69	Y	N	10/04/2019	6026G	0003	00022	
1153918507	436	6	2905.51	Y	N	10/04/2019	6026G	0003	00022	
GRAND TOTAL	898	13	6223.80							

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	
898	ctns			6223.80		Comforters, Bedspreads	49017	200	
898				6223.80		GRAND TOTAL			

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

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

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 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 said to contain By Driver/Please

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: 9/26/2018 12:01:23 PM

Bill of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000172075	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____		 (402)06757164000172075	
SHIP TO		CARRIER NAME: Covenant Transport	
Name: Wal-Mart DC 6021A - ASM DIS Location #: 6021A Address: 1005 South H Street 6021A City/State/Zip: Porterville, CA 93257 CID#: _____ Dept: 00022		Trailer number: 120136 Seal number(s): 0973192	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CVEN Pro Number: _____	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load # =70840144		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	
		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
3258843610	149	2	1028.78	Y	N	10/01/2019	6021A	0033	00022	
GRAND TOTAL	149	2	1028.78							


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 NMFPA Item 340.</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
121	ctns			967.64		Comforters, Bedspreads	49017		200	
28	ctns			61.24		Pillows, Valance, Towels	49390		100	
149				1028.78		GRAND TOTAL				

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

Date: 9/26/2019 12:01:27 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757184000172082
Name: E & E COMPANY LTD		 (402)06757184000172082
Address: 1880 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Covenant Transport
Name: Wal-Mart DC 6021R - Regular	Location #: 6021R	Trailer number: 129136
Address: 1005 South H Street		Seal number(s): 0973192
City/State/Zip: Porterville, CA 93257		SCAC: CVEN
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: _____	Address: _____	
City/State/Zip: _____		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>

SPECIAL INSTRUCTIONS: Load # =70640144	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
4458521804	18	1	191.30	Y	N	10/01/2019	6021R	0020	00022	
GRAND TOTAL	18	1	191.30							

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		
18	ctns			191.30		Comforters, Bedspreads	49017	200		
18				191.30		GRAND TOTAL				

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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


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


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

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

Date: 9/26/2019 12:01:17 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757164000172112
Name: E & E COMPANY LTD		 (402)06757164000172112
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Covenant Transport
Name: Wal-Mart DC 6021G - General	Location #: 6021G	Trailer number: 129136
Address: 1005 South H Street		Seal number(s): 0073192
City/State/Zip: Porterville, CA 93257		SCAC: CVEN
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 <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>
Address: _____		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip: _____		Appointment Time: AM <input type="checkbox"/> PM <input type="checkbox"/>

SPECIAL INSTRUCTIONS: Load # =70640144	Actual Driver Arrival Time: AM <input type="checkbox"/> PM <input type="checkbox"/>	Driver Departure Time: AM <input type="checkbox"/> PM <input type="checkbox"/>
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CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pis 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
7505335490	527	7	3806.04	Y	N	10/04/2019	6021G	0003	00022	
7505335511	144	3	1536.72	Y	N	10/04/2019	6021G	0003	00022	
7505335491	480	6	3119.18	Y	N	10/04/2019	6021G	0003	00022	
GRAND TOTAL	1151	16	8260.94							


CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 380</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1151	ctns			8260.94		Comforters, Bedspreads	49017	200	
1151				8260.94		GRAND TOTAL			

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	Shipper Signature
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets 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. Properly described above is received in good order, except as noted.</small>

SHIP FROM		Bill of Lading Number: 08757164000172068
Name: E & E COMPANY LTD	Address: 1880 Tide Court	 (402)08757164000172068
City/State/Zip: Woodland, CA 95778	SID#: _____	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: Covenant Transport
Name: Wal-Mart DC 6026R - Regular	Location #: 6026R	Trailer number: 129136
Address: 10813 HWY 99W	6026R	Seal number(s): 0973192
City/State/Zip: Red Bluff, CA 96080	CID#: _____	SCAC: CVEN
Dept: 00022	FOB: <input type="checkbox"/>	Pro Number: 

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

SPECIAL INSTRUCTIONS:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load # = 70640144	AM PM	—AM— PM	AM 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
3608621768	25	1	238.61	Y	N	10/01/2019	6026R	0020	00022	
GRAND TOTAL	25	1	238.61							

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 900</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	GLASS	
25	ctns			238.61		Comforters, Bedspreads	49017	200	
25				238.61		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 _____, nor _____	GOD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

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

SHIPPER SIGNATURE / DATE 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	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.
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Date: 9/27/2019 3:01:53 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757164000172570	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
		Div.:	
Address:	11888 Mission Blvd 6909	Trailer number:	990065
City/State/Zip:	Jurupa Valley, CA 91782	Seal number(s):	3713414
SID#:		SCAC:	LEGS
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		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 (checkbox) UNDERLYING BILLS OF LANDING	
Load #:	70840145	Appointment Time	Actual Driver Arrival Time
		2:00 AM PM	1:30 AM PM
			Driver Departure Time
			3:30 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (OIRGLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
4663918521	56	690.06	Y	N	06757164000172334	6037G	
5803208594	124	1323.80	Y	N	06757164000172341	7026G	
3408521573	138	1234.64	Y	N	06757164000172563	7026R	
4853918479	272	1548.84	Y	N	06757164000172334	6037G	
7909162480	28	89.32	Y	N	06757164000172303	6037A	
5803208573	421	3066.87	Y	N	06757164000172341	7026G	
8913634289	301	1688.22	Y	N	06757164000172303	6037A	
8358833702	473	3608.09	Y	N	06757164000172327	7026A	
4758521799	73	645.55	Y	N	06757164000172310	6037R	
5803208574	335	2272.48	Y	N	06757164000172341	7026G	
4509382210	64	280.28	Y	N	06757164000172327	7026A	
4653918481	339	2089.32	Y	N	06757164000172334	6037G	
Grand Total	2624	18435.47					

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 / 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: 39 <i>Scott</i> 9/27/19	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	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. <i>[Signature]</i> 09/27/19
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SHIP FROM		Master Bill of Lading Number: 08757164000172570						
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: NEW LEGEND TRUCKING Trailer number: 990065 Seal number(s): 3713414 SCAC: LEGS Pro Number: _____						
SHIP TO								
Name: Wal-Mart Centerpoint - 6909 DC#: 6909 Div. _____ Address: 11888 Mission Blvd 6909 City/State/Zip: Jurupa Valley, CA 91752 SID#: _____ FOB: <input type="checkbox"/>		Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING Appointment Time: 2:00 AM PM Actual Driver Arrival Time: 1:30 AM PM Driver Departure Time: 3:30 AM PM						
THIRD PARTY FREIGHT CHARGES BILL TO:								
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 70840145								
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 380</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2328	ctns			17651.83		Comforters, Bedspreads	49017	200
204	ctns			514.04		Pillows, Valance, Towels	49390	100
92	ctns			369.60		Shower curtain	49385	77.5
2624				18435.47		Grand Total		


Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"		COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallets: 39 <i>Scott</i> 9/27/19		SHIPPER SIGNATURE Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces <i>[Signature]</i> 09/27/19	
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards, and 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>	

Date: 9/27/2019 3:01:36 PM


Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06767164000172334

 (402)06767164000172334

SHIP TO
 Name: Wal-Mart DC 6037G-GENERAL Location #: 6037G
 Address: 2650 HWY 396 South
 6037G
 City/State/Zip: Herrmiston, OR 97838
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: NEW LEGEND TRUCKING
 Trailer number: 990065
 Seal number(s): 3713414
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 # =70640145

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
4653918521	56	1	590.06	Y N	10/04/2019	6037G	0003	00022	
4663918479	272	3	1546.84	Y N	10/04/2019	6037G	0003	00022	
4653918481	339	4	2089.32	Y N	10/04/2019	6037G	0003	00022	
GRAND TOTAL	667	8	4226.22						

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 insure safe transportation with ordinary care. See Section 2(b) of NMFC Item 359</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS									
667	cins			4226.22		Comforters, Bedspreads	49017	200						
667				4226.22		GRAND TOTAL								

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

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

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



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

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

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

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

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


SHIP FROM		Bill of Lading Number: 06767164000172341		
Name: E & E COMPANY LTD		 (402)06767164000172341		
Address: 1680 Tide Court				
City/State/Zip: Woodland, CA 95776				
SID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: NEW LEGEND TRUCKING		
SHIP TO		Trailer number: 990065		
Name: Wal-Mart DO 7026G - GENERAL Location #: 7026G		Seal number(s): 3719414		
Address: 945 North State Road 138		SCAC: LEGS		
7026G		Pro Number:		
City/State/Zip: Grantsville, UT 84029				
CID#: _____ FOB: <input type="checkbox"/>				
Dept: 00022				
THIRD PARTY FREIGHT CHARGES BILL TO:				
Name: _____		Freight Charge Terms; (freight charges are prepaid unless marked otherwise) Prepaid Collect <input checked="" type="checkbox"/> 3rd Party		
Address: _____				
City/State/Zip: _____				
SPECIAL INSTRUCTIONS: Load # =70640145		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	Pkts Count	WEIGHT	PALLET/SLIP (CIRCLE ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper info
5803208574	335	5	2272.48	Y	N	10/04/2019	7026G	0003	00022	
5803208594	124	3	1323.80	Y	N	10/04/2019	7026G	0003	00022	
5803208573	421	6	3066.87	Y	N	10/04/2019	7026G	0003	00022	
GRAND TOTAL	880	14	6663.15							

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 380</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
880	ctns			6663.15		Comforters, Bedspreads	49017	200		
880				6663.15		GRAND TOTAL				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."		COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		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.	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	
Shipper Signature		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: 08767164000172563

 (402)06787164000172563

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: 990065
 Seal number(s): 3713414

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 # =70640146

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
3408521673	138	3	1234.64	Y N	10/02/2019	7026R	0020	00022	
GRAND TOTAL	138	3	1234.64						

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 306</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
138	ctns			1234.64		Comforters, Bedspreads	49017	200
138				1234.64		GRAND TOTAL		

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

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

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

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


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

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


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

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

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

Bill of Lading Number: 06757164000172303

 (402)06757164000172303

SHIP TO
 Name: Wal-Mart DC 8037A-ASM DIS Location #: 8037A
 Address: 2650 HWY 396 South
 8037A
 City/State/Zip: Hermiston, OR 97838
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: NEW LEGEND TRUCKING
 Trailer number: 990085
 Seal number(s): 3713414
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 # =70640146

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
7909162480	28	1	89.32	Y N	10/02/2019	6037A	0033	00020	
8913634289	301	3	1688.22	Y N	10/02/2019	6037A	0033	00022	
GRAND TOTAL	329	4	1777.54						

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 insure safe transportation with ordinary care. See Section 2(e) of NMFC Item 389.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
194	ctns			1412.46		Comforters, Bedspreads	49017	200
107	ctns			275.76		Pillows, Valance, Towels	49390	100
28	ctns			89.32		Shower curtain	49385	77.5
329				1777.54		GRAND TOTAL		

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

COD Amount: \$ _____
Fee Terms: Collect: 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 manifests. 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: 9/27/2019 3:01:39 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: 08767164000172327

 (402)08767164000172327

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#:
 Dept: 00022
 FOB:

CARRIER NAME: NEW LEGEND TRUCKING
 Trailer number: 990066
 Seal number(s): 3713414
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 # =70640146

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
8358833702	473	7	3608.09	Y	N	10/02/2019	7026A	0033	00022	
4509382210	64	1	280.28	Y	N	10/02/2019	7026A	0033	00020	
GRAND TOTAL	537	8	3888.37							

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	
376	ctns			3369.91		Comforters, Bedspreads	49017	200	
97	ctns			238.28		Pillows, Valance, Towels	49390	100	
64	ctns			280.28		Shower curtain	49385	77.5	
537				3888.37		GRAND TOTAL			

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

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

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

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

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

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

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 manifests. 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: 9/27/2019 3:01:33 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: 06757164000172310



SHIP TO
 Name: Wal-Mart DC 6037R-REGULAR Location #: 6037R
 Address: 2850 HWY 396 South
 6037R
 City/State/Zip: Hermiston, OR 97838
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: NEW LEGEND TRUCKING

Trailer number: 990065
Seal number(s): 3718414

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 # =70640145

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	6-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
4758521799	73	2	645.55	Y N	10/02/2019	6037R	0020	00022	
GRAND TOTAL	73	2	645.55						

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
73	ctns			645.55		Comforters, Bedspreads	49017	200
73				645.55		GRAND TOTAL		

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

GOD Amount: \$ _____
Fee Terms: Collect: 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: 9/24/2019 1:32:21 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: 06767164000170965

 (402)06767164000170965

SHIP TO
 Name: Wal-Mart DC 6036G-GENERAL Location #: 6036G
 Address: 8680 South US Hwy 79
 6036G
 City/State/Zip: Palestine, TX 76808
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: JB Hunt Intermodal
Trailer number: JBMU 926513
Seal number(s): 0973200
SCAC: HJBI
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 # =70437319
 9/24

Master Bill of Lading: with attached underlying Bills of Lading (check box)
 Appointment Time: 12:00 AM PM
 Actual Driver Arrival Time: 11:07 AM PM
 Driver Departure Time: 11:30 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
0653748107	148	1574.31	Y	N	10/04/2019	6036G	0003	00022	
GRAND TOTAL	148	1574.31							

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity 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	
148	ctns			1574.31		Comforters, Bedspreads	49017	200	
148				1574.31		GRAND TOTAL			

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

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

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

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

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

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] 9-25-19

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.
 Property described above is received in good order, except as noted.
 [Signature] 09-25-19

Date: 9/24/2019 1:28:18 PM

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: 06757164000170958



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: JB Hunt Intermodal

Trailer number: JBHU 325513

Seal number(s): 0973200

SCAC: HJBI

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 # =70437319

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
12:00 AM PM	11:07 AM PM	11:30 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (OR LTR ONE)		Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper info
3858521586	235	2180.83	Y	N	10/01/2019	6036R	0020	00022	
GRAND TOTAL	235	2180.83							

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
235	ctns			2180.83		Comforters, Bedspreads	49017	200
235				2180.83		GRAND TOTAL		

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

GOD Amount: \$ _____
 Fee Terms: Collect: 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.
 Cheryl 9.25.19

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.
 Properly described above is received in good order, except as noted.
 Annelle 09-25-19

SHIP FROM		Bill of Lading Number: 06757164000170941	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	City/State/Zip: Woodland, CA 96778	SID#: <input type="checkbox"/> FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: JB Hunt Intermodal	
Name: Wal-Mart DC 6036A-ASM DIS	Location #: 6036A	Trailer number: JBHU 325513	Seal number(s): 0973200
Address: 8660 South US Hwy 79	City/State/Zip: Palasline, TX 75803	SCAC: HJBI	Pro Number:
GID#: <input type="checkbox"/> FOB: <input type="checkbox"/>	Dept: 00020	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY/FREIGHT CHARGES BILL TO:		Prepaid <input type="checkbox"/> Collect X 3rd Party	
Name:	Address:	Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
City/State/Zip:	9/24	Appointment Time: 12:00 <input checked="" type="radio"/> AM <input type="radio"/> PM	Actual Driver Arrival Time: 11:07 <input checked="" type="radio"/> AM <input type="radio"/> PM
SPECIAL INSTRUCTIONS: Load # =70437319		Driver Departure Time: 11:30 <input checked="" type="radio"/> AM <input type="radio"/> PM	

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	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
2809312176	136	571.12	Y	N	10/01/2019	6036A	0033	00020	
3358643633	1513	12352.67	Y	N	10/01/2019	6036A	0033	00022	
GRAND TOTAL	1661	12923.79							

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 NMFC Item 300.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1338	ctns			11859.31		Comforters, Bedspreads	49017	200	
178	ctns			493.36		Pillows, Valance, Towels	49390	100	
135	ctns			571.12		Shower curtain	49386	77.5	
1661				12923.79		GRAND TOTAL			

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE <i>Emilio 9-25-19</i>	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE <i>William... 09-25-19</i>
	<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: 9/24/2019 1:21:16 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757164000171078	
Name: E & E COMPANY LTD Address: 1660 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: Swift Transportation Trailer number: 155289 Seal number(s): 0973180 SCAC: SWFT Pro Number: _____	
SHIP TO		DC#: 6909 Div. _____	
Name: Wal-Mart Centerpoint - 6909 Address: 11888 Mission Blvd 6909 City/State/Zip: Jurupa Valley, CA 91752 SID#: _____ FOB: <input type="checkbox"/>		Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
THIRD PARTY FREIGHT CHARGES BILL TO:		Appointment Time: 11:00 AM Actual Driver Arrival Time: 11:00 AM Driver Departure Time: 1:30 PM	
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 70556765			

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		Supplier#
			BOL#	DC#	BOL#	DC#	
2858521813	18	146.70	Y	N	06757164000170934	7033R	
7808834038	140	1150.45	Y	N	06757164000170927	7033A	
4458521795	173	1697.51	Y	N	06757164000170897	6021R	
4308521811	121	1138.47	Y	N	06757164000170910	6031R	
4809382330	41	175.82	Y	N	06757164000170927	7033A	
5858992283	78	325.68	Y	N	06757164000170903	6031A	
3258843589	769	5569.01	Y	N	06757164000170880	6021A	
5913792235	73	287.64	Y	N	06757164000170880	6021A	
7758833904	778	5868.83	Y	N	06757164000170903	6031A	
Grand Total	2191	16359.91					

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. <i>Koht</i> 9/24/19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver
Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>x Ramm</i> 09/24
Shipper Signature _____	

Date: 9/24/2019 1:21:16 PM

Master Bill Of Lading



SHIP FROM				Master Bill of Lading Number: 08787164000171078							
Name: E & E COMPANY LTD											
Address: 1680 Tide Court											
City/State/Zip: Woodland, CA 95776											
SID#: _____ FOB: <input type="checkbox"/>											
SHIP TO				CARRIER NAME: Swift Transportation							
Name: Wal-Mart Centerpoint - 6909				Trailer number: 155289							
DC#: 6909				Seal number(s): 0973180							
Div.				SCAC: SWFT							
Address: 11888 Mission Blvd				Pro Number:							
6909											
City/State/Zip: Jurupa Valley, CA 91752											
SID#: _____ FOB: <input type="checkbox"/>											
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms:							
Name:				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>							
Address:				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED							
City/State/Zip:				(check box) UNDERLYING BILLS OF LANDING							
SPECIAL INSTRUCTIONS: Load #: 70566766				Appointment Time		Actual Driver Arrival Time		Driver Departure Time			
				1:00 <input checked="" type="checkbox"/> AM		11:00 <input checked="" type="checkbox"/> AM		1:30 <input checked="" type="checkbox"/> 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 so to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 560</small>	I.T.I. ONLY				
QTY	TYPE	QTY	TYPE				NMFC #	CLASS			
1707	ctns			14866.37		Comforters, Bedspreads	49017	200			
292	ctns			704.60		Pillows, Valances, Towels	49390	100			
192	ctns			788.94		Shower curtain	49385	77.5			
2191				16359.91		Grand Total					

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount \$ _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE <i>Scott 9/24/19</i>		Shipper Signature	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE <i>[Signature]</i> 09/24	

Date: 9/24/2019 1:21:06 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:				
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 7033R-REGULAR Location #: 7033R	Name:				
Address:	1680 Tide Court	Address:	21345 Johnson Rd.	Address:				
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Apple Valley, CA 92307	City/State/Zip:				
SID#:		CID#:						
FOB:	<input type="checkbox"/>	Dept:	00022	FOB:	<input type="checkbox"/>			
Bill of Lading Number: 06757164000170934		CARRIER NAME: Swift Transportation		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
		Trailer number: 155289		Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>				
(402)06757164000170934		Seal number(s): 0973180		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>				
		SCAC: SWFT		Appointment Time				
		Pro Number:		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
2858621813	18	146.70	Y N	09/27/2019	7033R	0020	00022	
GRAND TOTAL	18	146.70						
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 380</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
18	otns			146.70		Comforters, Bedspreads	49017	200
18				146.70		GRAND TOTAL		

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

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

per _____

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:



By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Date: 9/24/2019 1:20:56 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 08767164000170927	
Name:	E & E COMPANY LTD	 (402)08767164000170927	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 96776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: Swift Transportation	
Name:	Wal-Mart DC 7033A-ASM DIS Location #: 7033A	Trailer number: 156289	
Address:	21215 Johnson Rd.	Seal number(s): 0973180	
	7033A	SCAC: SWFT	
City/State/Zip:	Apple Valley, CA 92307	Pro Number:	
CID#:	FOB: <input type="checkbox"/>		
Dept:	00020		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid Collect <input checked="" type="checkbox"/> 3rd Party	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS: Load # =70656765		AM	AM
		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	6-Digit Dept. Number	Additional Shipper Info
4809362330	41	175.62	Y	N	09/27/2019	7033A	0033	00020	
7808834038	140	1150.45	Y	N	09/27/2019	7033A	0033	00022	
GRAND TOTAL	181	1326.07							

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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
125	ctns			1134.70		Comforters, Bedspreads	49017	200
15	ctns			15.75		Pillows,Valance,Towels	49390	100
41	ctns			175.62		Shower curtain	49385	77.5
181				1326.07		GRAND TOTAL		



Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	---

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>
--	---

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

SHIP FROM		Bill of Lading Number: 08757164000170897										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		 (402)06757164000170897										
SHIP TO		CARRIER NAME: Swift Transportallon										
Name: Wal-Mart DC 0021R - Regular Location #: 6021R Address: 1006 South H Street 6021R City/State/Zip: Porterville, CA 93257 CID#: _____ FOB: <input type="checkbox"/> Dept: 00022		Trailer number: 165289 Seal number(s): 0073180 SCAC: SWFT Pro Number: 										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid Collect X 3rd Party <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
Name: _____ Address: _____ City/State/Zip: _____												
SPECIAL INSTRUCTIONS: Load # =70556765		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Appointment Time</td> <td style="width:25%;">Actual Driver Arrival Time</td> <td style="width:25%;">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 Dept. Number	Additional Shipper Info
4458521795	173	1697.51	Y	N	09/28/2019	6021R	0020	00022	
GRAND TOTAL	173	1697.51							

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(s) of NMFC Item 500</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
173	ctns			1697.51		Comforters, Bedspreads	49017	200	
173				1697.51		GRAND TOTAL			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	---

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

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

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

Shipper Signature


SHIPPER SIGNATURE / DATE 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/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.
--	--	--	--

Date: 9/24/2019 1:20:59 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: 06757184000170910

 (402)06757164000170910

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: Swift Transportation
 Trailer number: 155289
 Seal number(s): 0973180
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 # =70556765

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	PALLETS/ SLIP (CIRCLE ONE)	Must Deliver By Date	5-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
4308521811	121	1138.47	Y N	09/28/2019	6031R	0020	00022	
GRAND TOTAL	121	1138.47						

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 99.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
121	ctns			1138.47		Comforters, Bedspreads	49017	200
121				1138.47		GRAND TOTAL		

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

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

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

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

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

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


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


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

Date: 9/24/2019 1:21:08 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06767164000170903
Name: E & E COMPANY LTD	Address: 1600 Tide Court	 (402)06767164000170903
City/State/Zip: Woodland, CA 95776	SID#: _____	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: Swift Transportation
Name: Wal-Mart DC 6031A-ASM DIS	Location #: 6031A	Trailer number: 155289
Address: 23701 West Southern Avenue	6031A	Seal number(s): 0973180
City/State/Zip: Buckeye, AZ 85328	CID#: _____	SCAC: SWFT
Dept: 00020	FOB: <input type="checkbox"/>	Pro Number: 

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

SPECIAL INSTRUCTIONS:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load # =70656766	AM PM	AM PM	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
5858992283	78	325.68	Y	N	09/28/2019	6031A	0033	00020	
7758833904	778	5868.83	Y	N	09/28/2019	6031A	0033	00022	
GRAND TOTAL	856	6194.51							

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
638	ctns			5526.81		Comforters, Bedspreads	49017	200
140	ctns			342.02		Pillows, Valance, Towels	49390	100
78	ctns			325.68		Shower curtain	49385	77.5
856				6194.51		GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: \$ _____ Fee Terms: Collect <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	--

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(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 / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets 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.
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Date: 9/24/2019 1:21:02 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06767184000170880
Name:	E & E COMPANY LTD	 (402)06767184000170880
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Swift Transportation
Name:	Wal-Mart DC 6021A - ASM DIS Location #: 6021A	Trailer number: 156289
Address:	1005 South H Street	Seal number(s): 0973180
City/State/Zip:	Porterville, CA 93267	SCAC: SWFT
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 X 3rd Party
Address:		
City/State/Zip:		

SPECIAL INSTRUCTIONS: Load # =70666766	<input type="checkbox"/> 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
3258843589	769	5569.01	Y N	09/28/2019	6021A	0033	00022	
6913792235	73	287.64	Y N	09/28/2019	6021A	0033	00020	
GRAND TOTAL	842	5856.65						

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 309</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
632	ctna			5222.18		Comforters, Bedspreads	49017	200		
137	ctns			346.83		Pillows, Valance, Towels	49390	100		
73	ctns			287.64		Shower curtain	49385	77.5		
842				5856.65		GRAND TOTAL				

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

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

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

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

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

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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required paperwork. 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: 9/24/2019 2:37:18 PM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06767164000171088	
Name:	E & E COMPANY LTD		
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart Centerpoint - 8909	DC#:	6909
		Div.	
Address:	11888 Mission Blvd 8909	Trailer number:	128829
		Seal number(s):	0973190
City/State/Zip:	Jurupa Valley, CA 91752	SCAC:	WALM
SID#:	FOB: <input type="checkbox"/>	Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:	9/24	<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 #: 70557791		14:00 ^{AM} _{PM}	10:00 ^{AM} _{PM}
		Driver Departure Time	10:20 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
5214182277	28	122.59	Y	N	06757164000170996	6026A
3308521753	39	388.37	Y	N	06757164000170989	6019R
1109392231	40	167.93	Y	N	06757164000170972	6019A
3408521566	16	176.32	Y	N	06757164000171047	7026R
8358833682	190	1433.57	Y	N	06757164000171030	7026A
3608521760	101	865.83	Y	N	06757164000171009	6026R
4509382203	9	32.80	Y	N	06757164000171030	7026A
4758521791	48	360.90	Y	N	06757164000171023	6037R
7909162468	69	310.12	Y	N	06757164000171016	6037A
8408833684	284	2482.88	Y	N	06757164000170996	6026A
3108843873	332	2706.75	Y	N	06757164000170972	6019A
8913634263	718	6854.36	Y	N	06757164000171016	6037A
Grand Total	1874	15701.42				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).		
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small> Emyc 9.26.19	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 sold to contain <input type="checkbox"/> By Driver/Places
		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> [Signature] 9/24/19

SHIP FROM		Name: E & E COMPANY LTD		Master Bill of Lading Number: 08767164000171085				
Address: 1600 Tide Court		City/State/Zip: Woodland, CA 95776		SID#: _____ FOB: <input type="checkbox"/>				
SHIP TO		Name: Wal-Mart Centerpoint - 6909		CARRIER NAME: WAL-MART FLEET				
Address: 11888 Mission Blvd 6909		City/State/Zip: Jurupa Valley, CA 91752		Trailer number: 128829				
SID#: _____ FOB: <input type="checkbox"/>		DC#: 6909 Div.		Seal number(s): 0973190				
Name: _____		Address: _____		SCAC: WALM				
				Pro Number: _____				
City/State/Zip: _____		SPECIAL INSTRUCTIONS: Load #: 70657791		Freight Charge Terms:				
				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>				
9/24		9/24		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING				
				Appointment Time: 14:00 ^{AM} / _{PM} Actual Driver Arrival Time: 10:00 ^{AM} / _{PM} Driver Departure Time: 10:20 ^{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 insure safe transportation with ordinary care. See Section 2(c) of NMFO Item 309</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1562	ctns			14867.70		Comforters, Bedspreads	49017	200
166	ctns			400.28		Pillows, Valance, Towels	49390	100
146	ctns			633.44		Shower curtain	49385	77.5
1874				16701.42		Grand Total		

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>	
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
<p>SHIPPER SIGNATURE / DATE 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. _____ 9-26-19</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces</p>
<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response placard or equivalent documentation in the vehicle. _____ 9/25/19</p>	

Date: 9/24/2019 2:37:10 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757164000170996	
Name: E & E COMPANY LTD	Address: 1600 Tide Court	City/State/Zip: Woodland, CA 96776	SID#: <input type="checkbox"/> FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name: Wal-Mart DC 8026A - ASM DIS	Location #: 6026A	Trailer number: 128829	Seal number(s): 0873190
Address: 10817 HWY 99W	6028A	SCAC: WALM	Pro Number:
City/State/Zip: Red Bluff, CA 96080	CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Dept: 00020	Prepaid <input type="checkbox"/> Collect X 3rd Party		
THIRD PARTY FREIGHT CHARGES BILL TO:		Master Bill of Lading: with attached underlying Bills of Lading	
Name:	Appointment Time <input type="checkbox"/> (check box)		
Address:	AM	Actual Driver Arrival Time	AM
City/State/Zip:	PM	Driver Departure Time	PM
SPECIAL INSTRUCTIONS: Load # =70567791			

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
5214182277	28	122.59	Y	N	09/28/2019	6026A	0033	00020	
8408833684	284	2482.88	Y	N	09/28/2019	6026A	0033	00022	
GRAND TOTAL	312	2605.47							

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
249	otns			2398.37		Comforters, Bedspreads	49017	200
35	ctns			84.51		Pillows, Valance, Towels	49390	100
28	otns			122.59		Shower curtain	49385	77.5
312				2605.47		GRAND TOTAL		

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

per _____

COD Amount: \$ _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

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

SHIP FROM		Bill of Lading Number: 06757164000170989
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000170989
City/State/Zip: Woodland, CA 96778	SID#: _____ FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 8019R - REGULAR	Location #: 6019R	Trailer number: 128829
Address: 7506 East Crossroads Boulevard	6019R	Seal number(s): 0973190
City/State/Zip: Loveland, CO 80638	CID#: _____ FOB: <input type="checkbox"/>	SCAC: WALM
Dept: 00022		Pro Number: 
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name: _____	Address: _____	Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>
City/State/Zip: _____		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
SPECIAL INSTRUCTIONS: Load # =70557791		Appointment Time: AM <input type="checkbox"/> PM <input type="checkbox"/> Actual Driver Arrival Time: AM <input type="checkbox"/> PM <input type="checkbox"/> Driver Departure Time: AM <input type="checkbox"/> PM <input type="checkbox"/>

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	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
3308521753	39	388.37	Y	N	09/29/2019	6019R	0020	00022	
GRAND TOTAL	39	388.37							

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	
39	ctns			388.37		Comforters, Bedspreads	49017	200	
39				388.37		GRAND TOTAL			

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

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

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

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

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

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


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

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

Date: 9/24/2019 2:36:51 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757164000171016	
Name: E & E COMPANY LTD	Address: 1660 Tide Court	City/State/Zip: Woodland, CA 95776	SID#: <input type="checkbox"/>
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name: Wal-Mart DC 6037A-ASM DIS	Location #: 6037A	Trailer number: 128829	Seal number(s): 0973190
Address: 2860 HWY 396 South	6037A	SCAC: WALM	Pro Number:
City/State/Zip: Hermiston, OR 97838	CID#: <input type="checkbox"/>		
Dept: 00020	THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:	Prepaid <input type="checkbox"/> Collect X 3rd Party		
City/State/Zip:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS:	Appointment Time		
Load # =70657791	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
7909162468	69	310.12	Y	N	09/29/2019	6037A	0033	00020	
8913634263	718	6654.36	Y	N	09/29/2019	6037A	0033	00022	
GRAND TOTAL	787	6964.48							

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
678	ctns			6566.64		Comforters, Bedspreads	49017	200
40	ctns			97.72		Pillows, Valance, Towels	49390	100
69	ctns			310.12		Shower curtain	49385	77.5
787				6964.48		GRAND TOTAL		

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

per _____

COD Amount: \$ _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets 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: 9/24/2019 2:36:55 PM


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: 06757164000171030

 (402)06757164000171030

SHIP TO
 Name: Wal-Mart DG 7026A - ASM DIS Location #: 7026A
 Address: 946 North State Road 138
 7026A
 City/State/Zip: Grantsville, UT 84029
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: WAL-MART FLEET
 Trailer number: 128828
 Seal number(s): 0973100
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 # =70557791

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
4509382203	9	32.80	Y	N	09/29/2019	7026A	0033	00020	
8358833682	190	1433.67	Y	N	09/29/2019	7026A	0033	00022	
GRAND TOTAL	199	1466.37							

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	
155	ctns			1349.06		Comforters, Bedspreads	49017	200	
35	ctns			84.51		Pillows, Valance, Towels	49390	100	
9	ctns			32.80		Shower curtain	49385	77.5	
199				1466.37		GRAND TOTAL			

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

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

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

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

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

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

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


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: 06757164000171009

 (402)06757164000171009

SHIP TO
 Name: Wal-Mart DC 6026R - Regular Location #: 6026R
 Address: 10813 HWY 99W
 6026R
 City/State/Zip: Red Bluff, CA 96080
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 128829
 Seal number(s): 0973190
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 # =70557791

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
3608621760	101	865.83	Y	N	09/28/2019	6026R	0020	00022	
GRAND TOTAL	101	865.83							

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 NMPD Item 560</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS							
101	ctns			865.83		Comforters, Bedspreads	49017	200				
101				865.83		GRAND TOTAL						

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

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

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


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

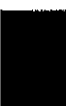
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
 Shipper Signature _____

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

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

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

SHIP FROM		Bill of Lading Number: 06757164000170972
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000170972
City/State/Zip: Woodland, CA 95776	SI/ID#: _____ FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DO 6019A - ASM DIS	Location #: 6019A	Trailer number: 128829
Address: 7604 East Crossroads Boulevard	City/State/Zip: Loveland, CO 80538	Seal number(s): 0973190
SI/ID#: _____ FOB: <input type="checkbox"/>	Dept: 00020	SCAC: WALM
		Pro Number: 

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

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load # =70557791		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
1109392231	40	167.93	Y	N	09/29/2019	6019A	0033	00020	
3108843873	332	2705.75	Y	N	09/29/2019	6019A	0033	00022	
GRAND TOTAL	372	2873.68							

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 300</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
276	ctns			2572.21		Comforters, Bedspreads	49017	200	
56	ctns			133.54		Pillows, Valance, Towels	49390	100	
40	ctns			167.93		Shower curtain	49385	77.5	
372				2873.68		GRAND TOTAL			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	---

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
--	---


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

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

Bill of Lading Number: 08767164000171023

 (402)06767164000171023

SHIP TO
 Name: Wal-Mart DC 6037R-REGULAR Location #: 6037R
 Address: 2650 HWY 396 South
 6037R
 City/State/Zip: Hermiston, OR 97838
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 128829
 Seal number(s): 0873180
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 # =70567791

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	
4758621781	48	360.90	Y	N	09/29/2019	6037R	0020	00022		
GRAND TOTAL	48	360.90								

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	
48	ctns			360.90		Comforters, Bedspreads	49017	200	
48				360.90		GRAND TOTAL			

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

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

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

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

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


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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required 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.

Date: 9/24/2019 2:37:07 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757164000171047	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	City/State/Zip: Woodland, GA 96776	SID#: _____
		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name: Wal-Mart DC 7026R - REGULAR	Location #: 7026R	Trailer number: 128829	Seal number(s): 0973190
Address: 917 North State Road 138	7026R	SCAC: WALM	Pro Number: _____
City/State/Zip: Grantsville, UT 84029			
City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load # =70657791		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 Appointment Time: AM PM Actual Driver Arrival Time: AM PM 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
3408521566	16	176.32	Y	N	09/29/2019	7026R	0020	00022	
GRAND TOTAL	16	176.32							

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 366</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
16	ctns			176.32		Comforters, Bedspreads	49017	200
16				176.32		GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ 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:	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 sold to contain
	<input type="checkbox"/> By Driver/Pieces

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

Date: 9/23/2019 1:29:07 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: 06757164000171054

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

CARRIER NAME: WAL-MART FLEET
Trailer number: 143997
Seal number(s): 0973172
SCAC: WALM
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
Name:
Address:
 9/23
City/State/Zip:

Freight Charge Terms:
Prepaid: **Collect:** **3rd Party:**
 MASTER BILL OF LANDING; WITH ATTACHED UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 70523706

Appointment Time **Actual Driver Arrival Time** **Driver Departure Time**
 14:00 AM PM 1:00 AM PM 1:20 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	DC#	Supplier#
6213482249	30	123.42	Y	N	06757164000170705	6035A	
6316060231	49	225.25	Y	N	06757164000170729	6069A	
3908521618	103	925.69	Y	N	06757164000170712	6035R	
8808833801	350	2777.39	Y	N	06757164000170705	6035A	
3208521499	120	1173.36	Y	N	06757164000170736	6089R	
6413523549	1008	9621.30	Y	N	06757164000170729	6069A	
Grand Total	1660	14846.31					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage 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
1421	ctns			14066.73		Comforters, Bedspreads	49017	200
160	ctns			430.91		Pillows, Valance, Towels	49390	100
79	ctns			348.67		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.
 Emily O 9.23.19

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 and relevant documentation in the vehicle.
 [Signature] 9.24.19

Date: 9/23/2019 1:29:07 PM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757164000171054	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, GA 05776		
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:	143997
City/State/Zip:	Jurupa Valley, CA 91752	Seal number(s):	0973172
SID#:		SCAC:	WALM
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:	9/23	<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 #: 70523796		14:00 AM PM	1:00 AM PM
		Driver Departure Time	1:20 AM PM
1660		Grand Total	
	14846.31		

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.
Chris O 9-23-19


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

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/equipment documentation in the vehicle.
[Signature] 9-24-19

Date: 9/23/2019 1:28:56 PM

Bill of Lading

Page 1 of 1

SHIP FROM		Name: E & E COMPANY LTD		Bill of Lading Number: 06757164000170705	
Address: 1680 Tide Court		City/State/Zip: Woodland, CA 95776		 (402)06757164000170705	
SID#:		FOB: <input type="checkbox"/>			
SHIP TO		Name: Wal-Mart DC 8035A-ASM DIS		CARRIER NAME: WAL-MART FLEET	
Address: 3220 Nevada Terrace		Location #: 8035A		Trailer number: 143997	
City/State/Zip: Ottawa, KS 68087		CID#:		Seal number(s): 0973172	
Dept: 00020		FOB: <input type="checkbox"/>		SCAC: WALM	
THIRD PARTY/FREIGHT CHARGES BILL TO:		Name:		Pro Number:	
Address:		City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect X 3rd Party	
SPECIAL INSTRUCTIONS:		Load # =70523798		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
				Appointment Time Actual Driver Arrival Time Driver Departure Time AM AM AM PM PM PM	

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	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
5213482249	30	123.42	Y	N	10/04/2019	8035A	0033	00020	
8808833801	350	2777.39	Y	N	10/04/2019	8035A	0033	00022	
GRAND TOTAL	380	2900.81							

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
296	ctns			2639.10		Comforters, Bedspreads	49017	200
54	ctns			138.29		Pillows, Valance, Towels	49390	100
30	ctns			123.42		Shower curtain	49385	77.5
380				2900.81		GRAND TOTAL		

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

COD Amount: \$ _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets sold to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required manifests. 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: 9/23/2019 1:28:48 PM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 08757164000170729



SHIP TO
 Name: Wal-Mart DC 6069A-ASM DIS Location #: 6069A
 Address: 1200 Matlock Drive
 6069A
 City/State/Zip: St. James, MO 65559
 CID#:
 Dept: 00020
 FOB:

CARRIER NAME: WAL-MART FLEET

Trailer number: 143987

Seal number(s): 0873172

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 # =70523796

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
6316060231	49	225.25	Y	N	10/04/2019	6069A	0033	00020	
6413523649	1008	9821.30	Y	N	10/04/2019	6069A	0033	00022	
GRAND TOTAL	1057	9846.55							

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 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
902	ctns			9328.68		Comforters, Bedspreads	49017	200	
106	ctns			292.62		Pillows, Valance, Towels	49390	100	
49	ctns			225.25		Shower curtain	49385	77.5	
1057				9846.55		GRAND TOTAL			

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

GOD Amount: \$ _____
 Fee Terms: Collect: 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

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

SHIP FROM		Bill of Lading Number: 08757164000170712	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	City/State/Zip: Woodland, CA 95776	SID#: <input type="checkbox"/> FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name: Wal-Mart DC 6035R-REGULAR	Location #: 6035R	Trailer number: 143997	Seal number(s): 0973172
Address: 3270 Nevada Terrace	6035R	SCAC: WALM	Pro Number:
City/State/Zip: Ottawa, KS 68067	CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>		
Dept: 00022			
THIRD PARTY/FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Address:	Prepaid <input type="checkbox"/>	Collect <input checked="" type="checkbox"/>
City/State/Zip:		3rd Party <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load # =70623796		<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	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
3908621618	103	925.59	Y	N	10/04/2019	6035R	0020	00022	
GRAND TOTAL	103	925.59							

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								
103	ctns			925.59		Comforters, Bedspreads	49017	200					
103				925.59		GRAND TOTAL							

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(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 / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets 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.
--	--	--	--

Date: 9/23/2019 1:29:04 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: 06757164000170736



SHIP TO
 Name: Wal-Mart DC 6069R-REGULAR Location #: 6069R
 Address: 1106 Matlock Drive
 6069R
 City/State/Zip: St. James, MO 65559
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET

Trailer number: 143997
 Seal number(s): 0973172

SCAC: WALM
 Pro Number: _____

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

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

Prepaid Collect 3rd Party
 Master Bill of Lading: with attached underlying Bills of Lading

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

SPECIAL INSTRUCTIONS:
 Load # = 70523796

CUSTOMER ORDER NUMBER	# PKGS	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
3208521499	120	1173.36	Y N	10/04/2019	6069R	0020	00022	
GRAND TOTAL	120	1173.36						

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
120	ctns			1173.36		Comforters, Bedspreads	49017	200
120				1173.36				
GRAND TOTAL								

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

COD Amount: \$ _____
 Fee Terms: Collect: 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 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 said to contain By Driver/Pieces

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

SHIP FROM		Master Bill of Lading Number: 06757164000171061	
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:	157952
		Seal number(s):	0973176
City/State/Zip:	Jurupa Valley, CA 91752	SCAC:	WALM
SID#:	FOB: <input type="checkbox"/>	Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:	9/23	<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 #: 70523798		14:00 ^{AM} _{PM}	11:45 ^{AM} _{PM}
		Driver Departure Time	12:15 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO
			Y	N		DC#
3958521692	40	367.96	Y	N	06757164000170781	7036R
4508521803	102	1041.56	Y	N	06757164000170750	6016R
5402729185	170	1805.86	Y	N	06757164000170767	6016G
4609382198	68	329.63	Y	N	06757164000170774	7036A
7958833801	349	2380.02	Y	N	06757164000170743	6016A
5402729164	553	3913.46	Y	N	06757164000170767	6016G
3208843668	561	4288.70	Y	N	06757164000170774	7036A
5402729165	488	3255.80	Y	N	06757164000170767	6016G
7409042276	44	219.86	Y	N	06757164000170743	6016A
Grand Total	2375	17612.85				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	GOD Amount \$
	Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
	Customer check acceptable: <input type="checkbox"/>

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

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

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

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. Emyco 9-25-19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. [Signature]
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9-25-19

Date: 9/23/2019 2:09:26 PM


Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757164000171061						
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: 11886 Mission Blvd 6909 City/State/Zip: Jurupa Valley, CA 91752 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 167952 Seal number(s): 0973176 SCAC: WALM Pro Number: _____						
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:						
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>						
SPECIAL INSTRUCTIONS: Load #: 70623798 <div style="text-align: right; font-size: 2em; font-weight: bold;">9/23</div>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING						
		Appointment Time: 14:00 ^{AM} _{PM} Actual Driver Arrival Time: 11:45 ^{AM} _{PM} Driver Departure Time: 12:15 ^{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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2218	ctns			16942.48		Comforters, Bedspreads	49017	200
45	ctns			120.88		Pillows, Valance, Towels	49390	100
112	ctns			549.49		Shower curtain	49385	77.5
2375				17612.85		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. [Signature] 9/25/19	<table border="0" style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> 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. [Signature] [Date]			

9-25-19

SHIP FROM		Bill of Lading Number: 06757164000170781
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000170781
City/State/Zip: Woodland, CA 95776	FOB: <input type="checkbox"/>	
SID#:		

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 7036R - REGULAR	Locallon #: 7036R	Trailer number: 157962
Address: 2226 FM 3013 Suite 110	7036R	Seal number(s): 0873176
City/State/Zip: Sealy, TX 77474	FOB: <input type="checkbox"/>	SCAC: WALM
GID#:		Pro Number:
Dept: 00022		[REDACTED]

THIRD PARTY,FREIGHT CHARGES BILL TO:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>
Name:	Address:	Prepaid <input type="checkbox"/> Collect 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 # =70523788		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
3958521692	40	367.96	Y N	10/06/2019	7036R	0020	00022	
GRAND TOTAL	40	367.96						

HANDLING UNIT						PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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 330.				NMFC #	CLASS
40	ctns			367.96		Comforters, Bedspreads				49017	200
40				367.96		GRAND TOTAL					

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


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

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

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: <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.
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SHIP FROM		Bill of Lading Number: 06757164000170750
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000170750
City/State/Zip: Woodland, CA 95776	FOB: <input type="checkbox"/>	
SID#:		

SHIP TO		CARRIER NAME: WAL-MART FLEET
Name: Wal-Mart DC 6016R - Regular	Location #: 6016R	Trailer number: 167952
Address: 3930 Ih 36 North	6016R	Seal number(s): 0973176
City/State/Zip: New Braunfels, TX 78130	FOB: <input type="checkbox"/>	SCAC: WALM
CID#: 00022		Pro Number:
Dept: 00022		

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


SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load # =70523798		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
4508621803	102	1041.56	Y	N	10/03/2019	6016R	0020	00022	
GRAND TOTAL	102	1041.56							


HANDLING UNIT						PACKAGE		WEIGHT		H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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						NMFC #	CLASS
102	ctns			1041.56		Comforters, Bedspreads						49017	200
102				1041.56		GRAND TOTAL							

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. • 14706(c)(1)(A) and (B).	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____
SHIPPER SIGNATURE / DATE 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
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: 06767164000170767

 (402)06767164000170767

SHIP TO
 Name: Wal-Mart DC 6016G - General Location #: 6016G
 Address: 3920 1h 85 North
 6016G
 City/State/Zip: New Braunfels, TX 78130
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 167962
 Seal number(s): 0973176
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 # =70523798

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	6-Digit Destination Number	4-Digit PO Type Number	5-Digit Dept. Number	Additional Shipper Info
5402729164	553	3913.46	Y N	10/04/2019	6016G	0003	00022	
5402729165	488	3255.80	Y N	10/04/2019	6016G	0003	00022	
5402729185	170	1805.86	Y N	10/04/2019	6016G	0003	00022	
GRAND TOTAL	1211	8975.12						

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 Main 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS							
1211	ctns			8975.12		49017	200		Comforters, Bedspreads			
1211				8975.12					GRAND TOTAL			

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

COD Amount: \$ _____
Fee Terms: Collect: 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: 9/23/2019 2:09:22 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: 06757164000170774

 (402)06757164000170774

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: 00022

CARRIER NAME: WAL-MART FLEET
 Trailer number: 157962
 Seal number(s): 0973176
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 # =70623798

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
3208843658	561	4298.70	Y	N	10/06/2019	7036A	0033	00022	
4609382198	68	329.63	Y	N	10/06/2019	7036A	0033	00020	
GRAND TOTAL	629	4628.33							

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	
538	ctns			4228.78		Comforters, Bedspreads	49017	200	
23	ctns			69.92		Pillows, Valance, Towels	49390	100	
68	ctns			329.63		Shower curtain	49385	77.5	
629				4628.33		GRAND TOTAL			

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

COD Amount: \$ _____
Fee Terms: Collect: 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: 9/23/2019 2:09:19 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 08767164000170743	
Name:	E & E COMPANY LTD	 (402)06767164000170743	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: WAL-MART FLEET	
Name:	Wal-Mart DC 8016A - ASM DIS Location #: 8016A	Trailer number: 167952	
Address:	3920 1h 36 North	Seal number(s): 0973176	
	6016A	SCAC: WAL.M	
City/State/Zip:	New Braunfels, TX 78130	Pro Number:	
CID#:	FOB: <input type="checkbox"/>		
Dept:	00020		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid <input type="checkbox"/> Collect X 3rd Party	
Address:		Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM	
SPECIAL INSTRUCTIONS: Load # =70623798		<input type="checkbox"/> (check box)	


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
7409042276	44	219.86	Y	N	10/03/2019	6016A	0033	00020	
7958833801	349	2380.02	Y	N	10/03/2019	6016A	0033	00022	
GRAND TOTAL	393	2599.88							


HANDLING UNIT							PACKAGE			WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention in handling or stowage must be so marked and packaged so to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 389</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	QTY	TYPE	TYPE	NMFC #	CLASS						
327	ctns						2329.06		Comforters, Bedspreads	49017	200			
22	ctns						60.96		Pillows, Valance, Towels	49390	100			
44	ctns						219.86		Shower curtain	49385	77.5			
393							2599.88		GRAND TOTAL					

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

Date: 9/20/2019 2:40:13 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 08767164000170217
Name: E & E COMPANY LTD	Address: 1600 Tide Court	 (402)06767164000170217
City/State/Zip: Woodland, CA 96776	SID#: _____	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: JB Hunt Intermodal
Name: Wal-Mart DC 7036G - GENERAL	Location #: 7036G	Trailer number: JBHU 249280
Address: 2226 FM 3013 Suite 100	7036G	Seal number(s): 0973167
City/State/Zip: Sealy, TX 77474		SCAC: HJBI
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: _____	Address: _____	Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>
City/State/Zip: _____	9/22	Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>

SPECIAL INSTRUCTIONS:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load # =70437315	8:00 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
6710155108	406	2952.27	Y	N	10/04/2019	7036G	0003	00022	
6710155110	397	2818.57	Y	N	10/04/2019	7036G	0003	00022	
6710155150	162	1721.00	Y	N	10/04/2019	7036G	0003	00022	
GRAND TOTAL	965	7489.84							

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and protected as to ensure safe transportation with ordinary care. See Section 2(f) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
965	ctns			7489.84		Comforters, Bedspreads	49017	200
965				7489.84		GRAND TOTAL		

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 [Signature] 9-22-19

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 sold to contain
	<input type="checkbox"/> 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.
 [Signature] 9-22-19

SHIP FROM		Bill of Lading Number: 06767164000170200	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	City/State/Zip: Woodland, CA 95776	SID#: <input type="checkbox"/> FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: JB Hunt Intermodal	
Name: Wal-Mart DC 7036R - REGULAR	Location #: 7036R	Trailer number: JBHU 249280	Seal number(s): 0873187
Address: 2226 FM 3013 Suite 110	7036R	SCAC: HJBI	Pro Number:
City/State/Zip: Sealy, TX 77474	CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Dept: 00022	Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Master Bill of Lading: with attached underlying Bills of Lading	
Name:	(check box)		
Address:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
City/State/Zip:	8:00 AM	AM	AM
SPECIAL INSTRUCTIONS:		PM	
Load # = 70437315		PM	

9/22

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
3958521680	140	1227.92	Y	N	10/03/2019	7036R	0020	00022	
GRAND TOTAL	140	1227.92							

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
140	ctns			1227.92		Comforters, Bedspreads	49017	200
140				1227.92		GRAND TOTAL		

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

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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


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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Shue 9-22-19	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 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 packed in good order, except as noted. [Signature] 9-22-19
	Shipper Signature		


Date: 9/20/2019 1:41:16 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: 06757164000170194

 (402)06757164000170194

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: 00022

CARRIER NAME: JB Hunt Intermodal
 Trailer number: JBHU 249280
 Seal number(s): 0973167
SCAC: HJB
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 # =70437316

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
8:00 AM	AM	AM
	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
3208843632	1014	8580.74	Y	N	10/03/2019	7036A	0033	00022	
4609382179	112	411.90	Y	N	10/03/2019	7036A	0033	00020	
GRAND TOTAL	1126	8992.64							

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 356</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
915	ctns			8279.78		Comforters, Bedspreads	49017	200	
99	ctns			300.96		Pillows, Valance, Towels	49390	100	
112	ctns			411.90		Shower curtain	49385	77.5	
1126				8992.64		GRAND TOTAL			

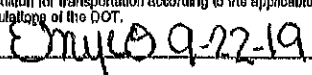
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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

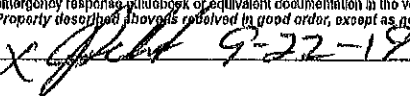
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. • 14706(c)(1)(A) and (B).

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

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

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

 9-22-19

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 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.

 9-22-19

SHIP FROM		Master Bill of Lading Number: 08757164000170231	
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: LHC8626
Address:	11888 Mission Blvd 6909	Div.	Seal number(s): 0973162
City/State/Zip:	Jurupa Valley, CA 91752	SID#:	SCAC: LEGS
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:	Address:	Prepaid: <input type="checkbox"/>	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	
Load #: 70437299		Appointment Time	Actual Driver Arrival Time
		9:00 ^{AM} _{PM}	8:40 ^{AM} _{PM}
		Driver Departure Time	9:00 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (GIRGLEONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
6266060212	63	275.37	Y	N	06757164000169914	6009A	
1003917549	66	696.96	Y	N	06757164000169938	6009G	
1003917529	347	2465.23	Y	N	06757164000169938	6009G	
4157943664	17	136.13	Y	N	06757164000169945	6025A	
2908521419	132	1236.54	Y	N	06757164000169921	6009R	
6507529162	504	3389.49	Y	N	06757164000169952	6025G	
9008833384	677	5457.49	Y	N	06757164000169914	6009A	
1003917528	272	1739.97	Y	N	06757164000169938	6009G	
5507529161	375	2284.43	Y	N	06757164000169952	6025G	
Grand Total	2453	17681.61					

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>	
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>		
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>	
<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p> <p><i>Scott 9/20/19</i></p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response kit/book or equivalent documentation in the vehicle.</p> <p><i>X [Signature]</i> 9-20-19</p>

Date: 9/19/2019 1:41:21 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757164000170231	
Name:	E & E COMPANY LTD	FOB:	<input type="checkbox"/>
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95778		
SID#:			

SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name:	Wal-Mart Centerpoint - 6909	DC#:	6909
Address:	11888 Mission Blvd 6909	Div.	
City/State/Zip:	Jurupa Valley, CA 91752	Trailer number:	LHC8626
SID#:		Seal number(s):	0873182
		SCAC:	LEGS
		Pro Number:	

THIRD PARTY FREIGHT CHARGES BILL TO:		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	
Load #: 70437299		Appointment Time	Actual Driver Arrival Time
		9:00 AM	8:40 AM
			Driver Departure Time
			9:00 AM

CARRIER INFORMATION						LTL ONLY		
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
2290	ctns			17166.92		Comforters, Bedspreads	49017	200
100	ctns			240.32		Pillows, Valance, Towels	49390	100
63	ctns			275.37		Shower curtain	49385	77.5
2453				17681.61		Grand Total		

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

COD Amount \$ _____

Fee Terms:

Collect:

Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Scott 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.

[Signature]

9-20-19

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

Bill of Lading Number: 06757164000169914



SHIP TO
 Name: Wal-Mart DC 6009A - ASM DIS Location #: 6009A
 Address: 1601 Maple Leaf Road
 6009A
 City/State/Zip: Mount Pleasant, IA 52841
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: NEW LEGEND TRUCKING

Trailer number: LHC8626

Seal number(s): 0973182

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 (check box)

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

SPECIAL INSTRUCTIONS:
 Load # =70437299

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
6266060212	63	275.37	Y	N	10/01/2019	6009A	0033	00020	
9008833384	677	6467.49	Y	N	10/01/2019	6009A	0033	00022	
GRAND TOTAL	740	5732.86							

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 390</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
577	ctns			5217.17		Comforters, Bedspreads	49017	200
100	ctns			240.32		Pillows, Valance, Towels	49390	100
63	ctns			275.37		Shower curtain	49385	77.5
740				5732.86		GRAND TOTAL		

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

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

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

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

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

Shipper Signature

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

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

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

Date: 9/19/2019 1:41:06 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: 08757164000169938



SHIP TO
 Name: Wal-Mart DO 6009G - General Location #: 6009G
 Address: 1601 Maple Leaf Road
 6009G
 City/State/Zip: Mount Pleasant, IA 52641
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: NEW LEGEND TRUCKING

Trailer number: LHC8628

Seal number(s): 0973182

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

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

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

SPECIAL INSTRUCTIONS:
 Load # =70437299

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
1003917528	272	1739.97	Y	N	10/04/2019	6009G	0003	00022	
1003917529	347	2465.23	Y	N	10/04/2019	8009G	0003	00022	
1003917549	66	696.86	Y	N	10/04/2019	6009G	0003	00022	
GRAND TOTAL	685	4902.16							

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
685	ctns			4902.16		Comforters, Bedspreads	49017	200
685				4902.16		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.

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: 08757164000169945

 (402)06757164000169945

SHIP TO
 Name: Wal-Mart DC 6025A - ASM DIS Location #: 6025A
 Address: 6140 3M Drive
 6025A
 City/State/Zip: Menomonie, WI 54751
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: NEW LEGEND TRUCKING
 Trailer number: LHC8026
 Seal number(s): 0973182

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 # =70437299

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	
4157943664	17	136.13	Y	N	10/03/2019	6025A	0033	00022		
GRAND TOTAL	17	136.13								

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						
17	otrs					136.13		Comforters, Bedspreads	49017	200			
17						136.13		GRAND TOTAL					

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

GOD Amount: \$ _____
 Fee Terms: Collect: 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: 9/19/2019 1:41:09 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 8009R - Regular Location #: 8009R	Name:	
Address:	1880 Tide Court	Address:	1100 North Iris Street	Address:	
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	Mount Pleasant, IA 52641	City/State/Zip:	
SID#:		CID#:		City/State/Zip:	
FOB:	<input type="checkbox"/>	Dept:	00022	City/State/Zip:	
				SPECIAL INSTRUCTIONS: Load # =70437299	
				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
				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"/>	
				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	
2908521419	132	1236.54	Y	N	10/01/2019	6009R	0020	00022		
GRAND TOTAL	132	1236.54								



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 NMFPA Item 950.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
132	ctns			1236.54		Comforters, Bedspreads	49017	200	
132				1236.54		GRAND TOTAL			

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

Date: 9/19/2019 1:41:11 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 6026G - General Location #: 6026G
Address:	1680 Tide Court	Address:	6140 3M Drive 6026G
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Menomonie, WI 54751
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:		SPECIAL INSTRUCTIONS:	
Load # =70437299		Load # =70437299	
Bill of Lading Number: 06767164000169952		CARRIER NAME: NEW LEGEND TRUCKING	
		Trailer number: LHO8628	
(402)06757164000169952		Seal number(s): 0973182	
		SCAC: LEGS	
		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	
AM		AM	
PM		PM	
		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
5507629161	375	2284.43	Y	N	10/04/2019	6026G	0003	00022	
5507629162	504	3389.49	Y	N	10/04/2019	6026G	0003	00022	
GRAND TOTAL	879	5673.92							

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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
879	ctns			5673.92		Comforters, Bedspreads	49017	200
879				5673.92		GRAND TOTAL		

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

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

per _____

COD Amount: \$ _____

Fee Terms:

Collect:

Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper

By Driver

Freight Counted:

By Shipper

By Driver/pallets sold to contain

By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Master Bill of Lading Number: 06757164000170256
Name:	E & E COMPANY LTD	
Address:	1880 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Swift Transportation
Name:	Wal-Mart Centerpoint - 6909 DC#: 6909 Div.	
Address:	11883 Mission Blvd 6909	
City/State/Zip:	Jurupa Valley, CA 91752	
SID#:	FOB: <input type="checkbox"/>	
		Trailer number: 547637
		Sea/ number(s): 0973184
		SCAC: SWFT
		Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS: Load #: 70437300		Appointment Time 11:00 AM PM	Actual Driver Arrival Time 11:00 AM PM
		Driver Departure Time 1:00 AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
5958992221	60	233.62	Y	N	06757164000170033	6025A	
5507529182	116	1244.00	Y	N	06757164000170057	6025G	
3258521595	157	1364.61	Y	N	06757164000170040	6025R	
3658521483	39	360.47	Y	N	06757164000170019	7039R	
7257671894	304	1921.88	Y	N	06757164000170026	7039G	
1059392180	36	146.10	Y	N	06757164000170002	7039A	
8958833430	245	1970.93	Y	N	06757164000170002	7039A	
7257671896	367	2444.67	Y	N	06757164000170026	7039G	
4157943665	703	6067.05	Y	N	06757164000170033	6025A	
7257671936	72	764.84	Y	N	06757164000170026	7039G	
Grand Total	2099	16518.17					

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. <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 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. <i>[Signature]</i> 9/20/19
--	--	--	--

SHIP FROM				Master Bill of Lading Number: 06767164000170265				
Name: E & E COMPANY LTD								
Address: 1680 Tide Court								
City/State/Zip: Woodland, CA 95776								
SID#: _____				FOB: <input type="checkbox"/>				
SHIP TO				CARRIER NAME: Swift Transportation				
Name: Wal-Mart Centerpoint - 6909				DC#: 6909				
				Div. _____				
Address: 11688 Mission Blvd				Trailer number: 647637				
6909				Seal number(s): 0973184				
City/State/Zip: Jurupa Valley, CA 91752				SCAC: SWFT				
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"/>				
City/State/Zip: _____				3rd Party: <input type="checkbox"/>				
SPECIAL INSTRUCTIONS: Load #: 70437300				<input checked="" type="checkbox"/> MASTER BILL OF LANDING; WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING				
				Appointment Time 11:00 ^{AM} _{PM}	Actual Driver Arrival Time 11:00 ^{AM} _{PM}	Driver Departure Time 1:00 ^{AM} _{PM}		
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 389</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1877	ctns			15817.98		Comforters, Bedspreads	49017	200
126	ctns			320.47		Pillows, Valance, Towels	49390	100
96	ctns			379.72		Shower curtain	49385	77.5
2099				16518.17		Grand Total		

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>	
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align:right;">Shipper Signature</p>
<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. _____ 9/20/19</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
<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.</p>	

Date: 9/20/2019 12:57:45 PM

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: 06767164000170033



SHIP TO
 Name: Wal-Mart DC 6026A - ASM DIS Location #: 6026A
 Address: 6140 3M Drive
 6026A
 City/State/Zip: Menomonie, WI 54751
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Swift Transportation

Trailer number: 547837

Seal number(s): 0973184

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 underlying Bills of Lading (check box)

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

SPECIAL INSTRUCTIONS:
 Load # =70437300

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
4157943665	703	6067.05	Y	N	10/03/2019	6026A	0033	00022	
5958992221	60	233.62	Y	N	10/03/2019	6026A	0033	00020	
GRAND TOTAL	763	6300.67							

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
619	ctns			5850.38		Comforters, Bedspreads	49017	200
84	ctns			216.67		Pillows, Valance, Towels	49390	100
60	ctns			233.62		Shower curtain	49385	77.5
763				6300.67		GRAND TOTAL		

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

GOD Amount: \$ _____

Fee Terms: Collect: 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.

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1800 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06767164000170057

 (402)06767164000170057

SHIP TO
 Name: Wal-Mart DC 6025G - General Location #: 6025G
 Address: 8140 3M Drive
 6025G
 City/State/Zip: Menomonie, WI 54751
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Swift Transportation
 Trailer number: 547837
 Seal number(s): 0973184
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
 Master Bill of Lading: with attached
 (check box) underlying Bills of Lading

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

SPECIAL INSTRUCTIONS:
 Load # =70437800

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
5507629182	116	1244.00	Y	N	10/04/2019	6025G	0003	00022	
GRAND TOTAL	116	1244.00							

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 306</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
116	ctns			1244.00		Comforters, Bedspreads	49017	200	
116				1244.00		GRAND TOTAL			

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

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

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

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

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

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


Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets 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.

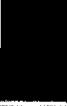
Date: 9/20/2019 12:57:41 PM

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: 08767164000170040

 (402)08767164000170040

SHIP TO
 Name: Wai-Mart DC 6026R - Regular Location #: 6026R
 Address: 6120 3M Drive
 6026R
 City/State/Zip: Menomonee, WI 54751
 CID#: _____ FOB:
 Dept: 00022

CARRIER NAME: Swift Transportation
 Trailer number: 647637
 Seal number(s): 0973184
 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 # =70437300

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
3258521595	157	1364.61	Y N	10/03/2019	6026R	0020	00022	
GRAND TOTAL	157	1364.61						

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(e) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
157	ctns			1364.61		Comforters, Bedspreads	49017	200
157				1364.61		GRAND TOTAL		

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

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

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

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


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


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

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

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

Bill Of Lading

SHIP FROM		Bill of Lading Number: 08767184000170019
Name: E & E COMPANY LTD	Address: 1880 Tide Court	 (402)08767184000170019
City/State/Zip: Woodland, CA 95778	SID#: _____	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: Swift Transportation
Name: Wal-Mart DC 7039R-REGULAR	Location #: 7039R	Trailer number: 647637
Address: 113 Distribution Way	7039R	Seal number(s): 0973184
City/State/Zip: Beaver Dam, WI 53918		SCAC: SWFT
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: _____	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:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load # =70437300		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	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
3558621483	39	360.47	Y	N	10/01/2019	7039R	0020	00022	
GRAND TOTAL	39	360.47							

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			360.47		Comforters, Bedspreads	49017	200
39				360.47		GRAND TOTAL		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	SHIPPER SIGNATURE
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets 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.	

Date: 9/20/2019 12:67:51 PM

Bill of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Wal-Mart DC 7039G-GENERAL Location #: 7039G
Address:	1680 Tide Court	Address:	111 Distribution Way
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	7039G Beaver Dam, WI 53916
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:		SPECIAL INSTRUCTIONS:	
Load # =70437300		Load # =70437300	
		Bill of Lading Number: 08757164000170026	
		 (402)08757164000170026	
		CARRIER NAME: Swift Transportation	
		Trailer number: 547837	
		Seal number(s): 0973184	
		SCAC: SWFT	
		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	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
7257671894	304	1921.88	Y	N	10/04/2019	7039G	0003	00022	
7257671896	367	2444.87	Y	N	10/04/2019	7039G	0003	00022	
7257671936	72	764.84	Y	N	10/04/2019	7039G	0003	00022	
GRAND TOTAL	743	5131.39							

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
743	otns			5131.39		Comforters, Bedspreads	49017	200
743				5131.39		GRAND TOTAL		

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

per

COD Amount: \$

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver


Freight Counted:

By Shipper
 By Driver/pallets sold to contain
 By Driver/Pieces


CARRIER SIGNATURE / PICKUP DATE

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

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

Bill of Lading Number: 08767164000170002

 (402)08767164000170002

SHIP TO
 Name: Wal-Mart DC 7039A-ASM DIS Location #: 7039A
 Address: 111 Distribution Way
 7039A
 City/State/Zip: Beaver Dam, WI 63916
 CID#: _____ FOB:
 Dept: 00020

CARRIER NAME: Swift Transportation
 Trailer number: 547837
 Seal number(s): 0978184
 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 # = 70437300

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
1059392180	36	146.10	Y	N	10/01/2019	7039A	0033	00020	
8968833430	245	1970.93	Y	N	10/01/2019	7039A	0033	00022	
GRAND TOTAL	281	2117.03							

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 550</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
203	ctns			1867.13		Comforters, Bedspreads	49017	200
42	ctns			103.80		Pillows, Valance, Towels	49390	100
36	ctns			146.10		Shower curtain	49385	77.5
281				2117.03		GRAND TOTAL		

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

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

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

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

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

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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required permits. 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.