

SHIP FROM		Master Bill of Lading Number: 06757168001534498	
Name:	E & E COMPANY LTD		
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: RYDER INTEGRATED LOGISTICS	
Name:	Wayfair	DC#:	10983
		Div.:	
Address:	310 International Trade Pkwy	Trailer number:	354560
		Seal number(s):	
City/State/Zip:	Port Wentworth, GA 31407	SCAC:	RYDD
SID#:		Pro Number:	CS605732922
		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:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: CS605280904;CS605299843;CA605067523;CS605437368;CS605318099; CS605657878;CS605362064;CS605446789;CS605369602;CS605269158		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

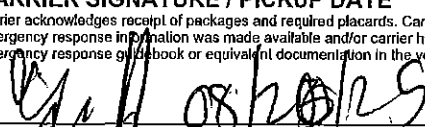
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	DC#	Supplier#
CS605311246	3	195.80	Y	N	06757168001531732	10983	
CS605369602	1	45.65	Y	N	06757168001531855	10983	
CS605366730	3	195.80	Y	N	06757168001531879	10983	
CS605505620	3	195.80	Y	N	06757168001531756	10983	
CS605635992	4	184.36	Y	N	06757168001532982	10983	
CS605542071	3	182.60	Y	N	06757168001532975	10983	
CA605067523	2	79.20	Y	N	06757168001531763	10983	
CS605372148	1	196.00	Y	N	06757168001531671	10983	
CS605420736	3	195.80	Y	N	06757168001531749	10983	
CS605437368	1	173.80	Y	N	06757168001531688	10983	
CS605594184	1	45.65	Y	N	06757168001533040	10983	
CS605657878	1	196.00	Y	N	06757168001533002	10983	
CS605269521	1	46.09	Y	N	06757168001531824	10983	

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 in accordance with the applicable regulations of the DOT. DARRELL DUCKERY SHIPPING MANAGER	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.  08/20/25
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SHIP FROM		Master Bill of Lading Number: 06757168001534498	
Name:	E & E COMPANY LTD		
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: RYDER INTEGRATED LOGISTICS	
Name:	Wayfair	DC#:	10983
		Div.:	
Address:	310 International Trade Pkwy	Trailer number:	354560
		Seal number(s):	
City/State/Zip:	Port Wentworth, GA 31407	SCAC:	RYDD
SID#:		Pro Number:	CS605732922
		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:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #:		Appointment Time	Actual Driver Arrival Time
CS605280904;CS605299843;CA605067523;CS605437368;CS605318099		AM	AM
;CS605657878;CS605362064;CS605446789;CS605369602;CS605269158		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	DC#	Supplier#
CS605696803	3	195.80	Y	N	06757168001533439	10983	
CS605507448	1	196.00	Y	N	06757168001531718	10983	
CS605678581	3	182.60	Y	N	06757168001533033	10983	
CS605338116	1	72.16	Y	N	06757168001531794	10983	
CS605399701	1	72.16	Y	N	06757168001531800	10983	
CS605572615	3	195.80	Y	N	06757168001533026	10983	
CS605393026	4	244.20	Y	N	06757168001531725	10983	
CS605446789	1	45.00	Y	N	06757168001531862	10983	
CA605618468	1	45.65	Y	N	06757168001533057	10983	
CS605299843	1	39.60	Y	N	06757168001531848	10983	
CS605472772	1	196.00	Y	N	06757168001531701	10983	
CS605318099	1	196.00	Y	N	06757168001531695	10983	
CS605568989	1	66.50	Y	N	06757168001533019	10983	

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.

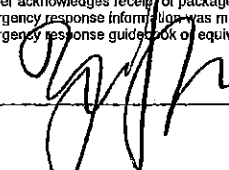
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above packed materials are properly classified, packaged, marked and labeled, and are in proper condition for shipment according to the applicable regulations of the DOT.
DAVE BUCKERY
SHIPPING MANAGER

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.
 08/20/25

SHIP FROM		Master Bill of Lading Number: 06757168001534498
Name:	E & E COMPANY LTD	
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: RYDER INTEGRATED LOGISTICS
Name:	Wayfair	DC#: 10983
		Div.
Address:	310 International Trade Pkwy	Trailer number: 354560
		Seal number(s):
City/State/Zip:	Port Wentworth, GA 31407	SCAC: RYDD
SID#:		Pro Number: CS605732922
		FOB: <input type="checkbox"/>

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 (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: CS605280904;CS605299843;CA605067523;CS605437368;CS605318099 ;CS605657878;CS605362064;CS605446789;CS605369602;CS605269158		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	DC#	Supplier#
CS605362064	1	72.16	Y	N	06757168001531886	10983	
CS605480236	1	72.16	Y	N	06757168001531817	10983	
CS605095563	1	72.16	Y	N	06757168001531770	10983	
CS605673242	4	262.30	Y	N	06757168001532999	10983	
CS605732922	1	39.60	Y	N	06757168001534115	10983	
CS605269158	1	72.16	Y	N	06757168001531787	10983	
CS605276649	3	138.27	Y	N	06757168001531664	10983	
CS605280904	1	46.09	Y	N	06757168001531831	10983	
Grand Total	62	4454.92					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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
34	Pallet			1700.00		Pallet		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 \$ _____

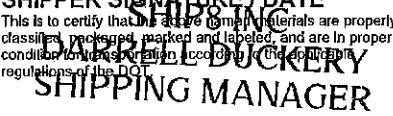
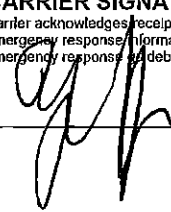
Fee Terms: Collect: Prepaid:

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 / DATE This is to certify that the above commodities are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  SHIPPING MANAGER	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.  08/20/25
	Shipper Signature		

SHIP FROM		Master Bill of Lading Number: 06757168001534498
Name:	E & E COMPANY LTD	
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: RYDER INTEGRATED LOGISTICS	
Name:	Wayfair	DC#:	10983
		Div.:	
Address:	310 International Trade Pkwy	Trailer number:	354560
		Seal number(s):	
City/State/Zip:	Port Wentworth, GA 31407	SCAC:	RYDD
SID#:		Pro Number:	CS605732922
		FOB:	<input type="checkbox"/>

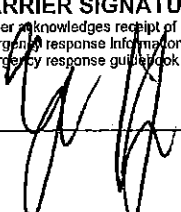
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #:		AM	AM
CS605280904;CS605299843;CA605067523;CS605437368;CS605318099		PM	PM
;CS605657878;CS605362064;CS605446789;CS605369602;CS605269158			Driver Departure Time
			AM
			PM


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or 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
		16	ctns	710.16		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175
		15	ctns	1764.76		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
		31	ctns	1980.00		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5
34				6154.92		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: <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.
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SHIPPER SIGNATURE / DATE This is to certify that the above named individuals are properly classified, trained, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. DARRELL DUCKERY SHIPPING MANAGER	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.  08/20/25
	Shipper Signature		

SHIP FROM	Bill of Lading Number: 06757168001531817
Name: E & E COMPANY LTD	 (402)06757168001531817
Address: 311 International Trade Pkwy	
City/State/Zip: Port Wentworth, GA 31407	
PHONE:	
VENDOR: 1987	

SHIP TO	CARRIER NAME: RYDER INTEGRATED LOGISTICS
Name: Wayfair-Port Wentworth Fulfillment	Responsible Acct.No:
Address: 310 International Trade Pkwy	Trailer number: 354560
City/State/Zip: Port Wentworth, GA 31407	Seal number(s):
CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>	SCAC: RYDD
Dept:	Pro Number: CS605732922

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: Load #: CS605480236 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Appointment Time</th> <th style="width:33%;">Actual Driver Arrival Time</th> <th style="width:33%;">Driver Departure Time</th> </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								

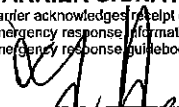
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS605480236	1	72.16	Y N	
Grand Total	1	72.16		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	72.16		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		122.16		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: <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 delaminated 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>
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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. DARRYL PICKREY SHIPPING MANAGER	Trailer Loaded: Freight Counted: <input 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.  08/20/25
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SHIP FROM		Bill of Lading Number: 06757168001531879										
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001531879										
SHIP TO		CARRIER NAME: RYDER INTEGRATED LOGISTICS										
Name: Wayfair-Port Wentworth Fulfillment Address: 310 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 CID#: <input type="checkbox"/> FOB: <input type="checkbox"/> Dept:		Responsible Acct.No: Trailer number: 354560 Seal number(s): SCAC: RYDD Pro Number: CS605732922										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>										
Name: Address: City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: CS605366730 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

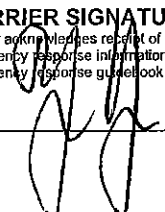
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS605366730	3	195.80	Y N	
Grand Total	3	195.80		


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(e) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	195.80		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5
1		3		245.80		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>
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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 applicable regulations of the DOT. SHIPPING MANAGER	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input 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. <p style="text-align: right;">  08/20/25 </p>
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SHIP FROM	Bill of Lading Number: 06757168001533026
Name: E & E COMPANY LTD	 (402)06757168001533026
Address: 311 International Trade Pkwy	
City/State/Zip: Port Wentworth, GA 31407	
PHONE:	
VENDOR: 1987	

SHIP TO	CARRIER NAME: RYDER INTEGRATED LOGISTICS
Name: Wayfair-Port Wentworth Fulfillment	Responsible Acct.No:
Address: 310 International Trade Pkwy	Trailer number: 354560
City/State/Zip: Port Wentworth, GA 31407	Seal number(s):
CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>	SCAC: RYDD
Dept:	Pro Number: CS605732922

THIRD PARTY FREIGHT CHARGES BILL TO:										
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)									
Address:										
City/State/Zip:	Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>									
SPECIAL INSTRUCTIONS:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading									
Load #: CS605572615										
For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.										
Packing List is Attached										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Appointment Time</th> <th style="width:33%;">Actual Driver Arrival Time</th> <th style="width:33%;">Driver Departure Time</th> </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								

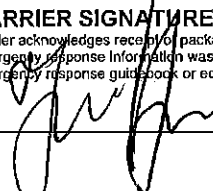
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
CS605572615	3	195.80	Y N		
Grand Total	3	195.80			

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(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	195.80		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5
1		3		245.80		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: <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 goods and materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. DARRELL DUCKERY SHIPPING MANAGER	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input 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.  08/20/25
--	--	---

Date: 8/20/2025 8:09:27 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001531756

 (402)06757168001531756

SHIP TO
 Name: Wayfair-Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: RYDER INTEGRATED LOGISTICS
 Responsible Acct.No:
 Trailer number: 354560
 Seal number(s):
SCAC: RYDD
Pro Number: CS605732922

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

SPECIAL INSTRUCTIONS:
 Load #: CS605505620
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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	ADDITIONAL SHIPPER INFO
CS605505620	3	195.80	Y N	
Grand Total	3	195.80		

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(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	195.80		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5
1		3		245.80		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:

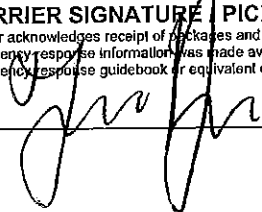
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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 shipment in accordance with the applicable DOT regulations of the DOT.
PARRELL DUCKERY
SHIPPING MANAGER


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.

 08/20/25

Date: 8/20/2025 8:09:22 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001533057

 (402)06757168001533057

SHIP TO
 Name: Wayfair-Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: RYDER INTEGRATED LOGISTICS
 Responsible Acct.No:
 Trailer number: 354560
 Seal number(s):
SCAC: RYDD
Pro Number: CS605732922

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 #: CA605618468
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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	ADDITIONAL SHIPPER INFO
CA605618468	1	45.65	Y N	
Grand Total	1	45.65		

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>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		1	ctns	45.65		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175	
1		1		95.65		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:

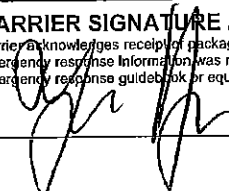
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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 described materials are properly classified, packaged, marked and labeled and are in proper condition for transport according to the applicable regulations of the DOT.
DARRELL DUCKERY
SHIPPING MANAGER

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.

 08/20/25

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001532975

 (402)06757168001532975

SHIP TO
 Name: Wayfair-Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: RYDER INTEGRATED LOGISTICS
 Responsible Acct.No:
 Trailer number: 354560
 Seal number(s):
 SCAC: RYDD
 Pro Number: CS605732922

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 #: CS605542071
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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	ADDITIONAL SHIPPER INFO
CS605542071	3	182.60	Y N	
Grand Total	3	182.60		

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		3	ctns	182.60		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5	
1		3		232.60		Grand Total			

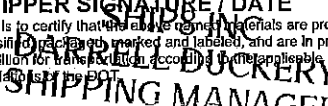
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows.
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"

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

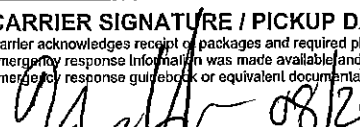
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).


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.

 SHIPPING MANAGER

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

 08/20/25

SHIP FROM	Bill of Lading Number: 06757168001531732
Name: E & E COMPANY LTD	 (402)06757168001531732
Address: 311 International Trade Pkwy	
City/State/Zip: Port Wentworth, GA 31407	
PHONE:	
VENDOR: 1987	CARRIER NAME: RYDER INTEGRATED LOGISTICS

SHIP TO	Responsible Acct.No:
Name: Wayfair-Port Wentworth Fulfillment	Trailer number: 354560
Address: 310 International Trade Pkwy	Seal number(s):
City/State/Zip: Port Wentworth, GA 31407	SCAC: RYDD
CID#: <input type="checkbox"/> FOB:	Pro Number: CS605732922
Dept:	

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 (check box)	
SPECIAL INSTRUCTIONS:	Appointment Time	Actual Driver Arrival Time
Load #: CS605311246	AM	AM
For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.	PM	PM
Packing List is Attached	Driver Departure Time	AM
		PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
CS605311246	3	195.80	Y N		
Grand Total	3	195.80			

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(e) of NMFC Item 369</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		3	clns	195.80		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5		
1		3		245.80		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: <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, labeled and are in proper condition for transportation according to the applicable regulations. SHIPPER SIGNATURE: _____ DATE: _____	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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: _____ Date: 08/20/25
--	---	---	---

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001531718

 (402)06757168001531718

SHIP TO
 Name: Wayfair-Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: RYDER INTEGRATED LOGISTICS
 Responsible Acct.No:
 Trailer number: 354560
 Seal number(s):

SCAC: RYDD
Pro Number: CS605732922

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 #: CS605507448
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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	ADDITIONAL SHIPPER INFO
CS605507448	1	196.00	Y N	
Grand Total	1	196.00		

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		1	ctns	196.00		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125	
1		1		246.00		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:

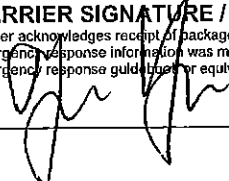
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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.
 SHIPPING MANAGER


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 document in the vehicle.

 08/20/25

Date: 8/20/2025 8:09:15 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001534115

 (402)06757168001534115

SHIP TO
 Name: Wayfair
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: RYDER INTEGRATED LOGISTICS
 Responsible Acct.No:
 Trailer number: 354560
 Seal number(s):
SCAC: RYDD
 Pro Number: CS605732922

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 #: CS605732922
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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		ADDITIONAL SHIPPER INFO
CS605732922	1	39.60	Y	N	
Grand Total	1	39.60			

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		1	ctns	39.60		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175	
1		1		89.60		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:

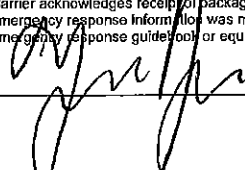
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).


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.
SHIPPING MANAGER

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.
 08/20/25

SHIP FROM		Bill of Lading Number: 06757168001531671	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001531671	
SHIP TO		CARRIER NAME: RYDER INTEGRATED LOGISTICS	
Name: Wayfair-Port Wentworth Fulfillment Address: 310 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 CID#: FOB: <input type="checkbox"/> Dept:		Responsible Acct.No: Trailer number: 354560 Seal number(s): SCAC: RYDD Pro Number: CS605732922	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Name: Address: City/State/Zip:		Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM	
SPECIAL INSTRUCTIONS: Load #: CS605372148 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached			

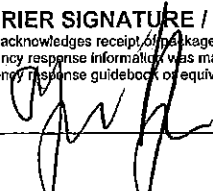
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS605372148	1	196.00	Y N	
Grand Total	1	196.00		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	196.00		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		246.00		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: <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. DARRELL DUCKERY SHIPPING MANAGER	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input 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.  08/20/25
---	--	---

SHIP FROM	Bill of Lading Number: 06757168001531749
Name: E & E COMPANY LTD	 (402)06757168001531749
Address: 311 International Trade Pkwy	
City/State/Zip: Port Wentworth, GA 31407	
PHONE:	
VENDOR: 1987	CARRIER NAME: RYDER INTEGRATED LOGISTICS

SHIP TO	Responsible Acct.No:
Name: Wayfair-Port Wentworth Fulfillment	Trailer number: 354560
Address: 310 International Trade Pkwy	Seal number(s):
City/State/Zip: Port Wentworth, GA 31407	SCAC: RYDD
CID#: FOB: <input type="checkbox"/>	Pro Number: CS605732922
Dept:	

THIRD PARTY FREIGHT CHARGES BILL TO:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>									
Name:	Master Bill of Lading: with attached underlying Bills of Lading									
Address:										
City/State/Zip:	<input type="checkbox"/> (check box)									
SPECIAL INSTRUCTIONS:	<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								
Load #: CS605420736 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached										

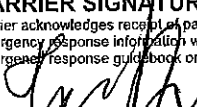
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS605420736	3	195.80	Y N	
Grand Total	3	195.80		


CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		3	ctns	195.80		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5		
1		3		245.80		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: <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. SHIPPING MANAGER	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.  08/20/25
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SHIP FROM	Bill of Lading Number: 06757168001533040
Name: E & E COMPANY LTD	 (402)06757168001533040
Address: 311 International Trade Pkwy	
City/State/Zip: Port Wentworth, GA 31407	
PHONE:	
VENDOR: 1987	CARRIER NAME: RYDER INTEGRATED LOGISTICS

SHIP TO	Responsible Acct.No:
Name: Wayfair-Port Wentworth Fulfillment	Trailer number: 354560
Address: 310 International Trade Pkwy	Seal number(s):
City/State/Zip: Port Wentworth, GA 31407	SCAC: RYDD
CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>	Pro Number: CS605732922
Dept:	

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:										
SPECIAL INSTRUCTIONS: Load #: CS605594184 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </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								

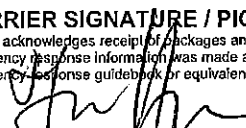
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
CS605594184	1	45.65	Y N		
Grand Total	1	45.65			


CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		1	ctns	45.65		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175		
1		1		95.65		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: <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. 1470(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 transport according to applicable DOT regulations of the DOT. JARRELL L. DUCKWAY SHIPPING MANAGER	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.  08/20/25
---	---	---	---

SHIP FROM	Bill of Lading Number: 06757168001531725
Name: E & E COMPANY LTD	 (402)06757168001531725
Address: 311 International Trade Pkwy	
City/State/Zip: Port Wentworth, GA 31407	
PHONE:	
VENDOR: 1987	CARRIER NAME: RYDER INTEGRATED LOGISTICS

SHIP TO	Responsible Acct.No:
Name: Wayfair-Port Wentworth Fulfillment	Trailer number: 354560
Address: 310 International Trade Pkwy	Seal number(s):
City/State/Zip: Port Wentworth, GA 31407	SCAC: RYDD
CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>	Pro Number: CS605732922
Dept:	

THIRD PARTY FREIGHT CHARGES BILL TO:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>									
Name:	Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)									
Address:										
City/State/Zip:	<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								
SPECIAL INSTRUCTIONS:										
Load #: CS605393026 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached										

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
CS605393026	4	244.20	Y N		
Grand Total	4	244.20			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	244.20		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5
1		4		294.20		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: <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 shipment according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.
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[Signature]

08/20/25

Date: 8/20/2025 8:09:07 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168001532982
Name:	E & E COMPANY LTD	 (402)06757168001532982
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
PHONE:		
VENDOR:	1987	

SHIP TO		CARRIER NAME: RYDER INTEGRATED LOGISTICS
Name:	Wayfair-Port Wentworth Fulfillment	Responsible Acct.No:
Address:	310 International Trade Pkwy	Trailer number: 354560
City/State/Zip:	Port Wentworth, GA 31407	Seal number(s):
CID#:		SCAC: RYDD
Dept:		Pro Number: CS605732922
	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: CS605635992		AM	AM
For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.		PM	PM
Packing List is Attached			Driver Departure Time
			AM
			PM

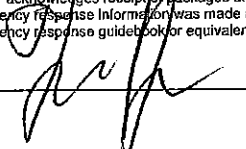
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS605635992	4	184.36	Y N	
Grand Total	4	184.36		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	184.36		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175
1		4		234.36		Grand Total		

<p>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 _____</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>
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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).

<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, packed, marked and labeled, and are in proper condition for transportation according to the applicable regulatory requirements. _____ SHIPPING MANAGER</p>	<p>Trailer Loaded:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier certifies 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.  08/20/25</p>
---	---	---

Date: 8/20/2025 8:09:06 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168001531824
Name:	E & E COMPANY LTD	 (402)06757168001531824
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
PHONE:		
VENDOR:	1987	

SHIP TO		CARRIER NAME: RYDER INTEGRATED LOGISTICS
Name:	Wayfair-Port Wentworth Fulfillment	Responsible Acct.No:
Address:	310 International Trade Pkwy	Trailer number: 354560
City/State/Zip:	Port Wentworth, GA 31407	Seal number(s):
CID#:		SCAC: RYDD
Dept:		Pro Number: CS605732922
	FOB: <input type="checkbox"/>	

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: <input type="checkbox"/>
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		
SPECIAL INSTRUCTIONS:		Appointment Time
Load #: CS605269521		Actual Driver Arrival Time
For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.		Driver Departure Time
Packing List is Attached		AM
		PM

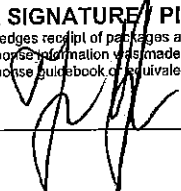
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS605269521	1	46.09	Y N	
Grand Total	1	46.09		

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360			
1	Pallet			50.00		Pallet			
		1	ctns	46.09		Furniture Sub 4 - 4 but less than 6 per cubic foot		79300-4	175
1		1		96.09		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: <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. APRIL CHICKLEY TRAINING MANAGER	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.  08/20/25
--	---	---	---

Date: 8/20/2025 8:09:02 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001532999



SHIP TO
 Name: Wayfair-Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: RYDER INTEGRATED LOGISTICS

Responsible Acct.No:
 Trailer number: 354560
 Seal number(s):

SCAC: RYDD
 Pro Number: CS605732922

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

SPECIAL INSTRUCTIONS:
 Load #: CS605673242
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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		ADDITIONAL SHIPPER INFO
CS605673242	4	262.30	Y	N	
Grand Total	4	262.30			

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(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	66.50		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
		3	ctns	195.80		Furniture Sub 7 - 10 but less than 12 per cubic foot	79300-7	92.5
1		4		312.30		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


SHIPPER SIGNATURE / DATE
 DARREN DUCKERY
 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.
 [Signature] 08/20/25

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001531664

 (402)06757168001531664

SHIP TO
 Name: Wayfair-Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: RYDER INTEGRATED LOGISTICS
 Responsible Acct.No:
 Trailer number: 354560
 Seal number(s):
SCAC: RYDD
Pro Number: CS605732922

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 #: 20874889
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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		ADDITIONAL SHIPPER INFO
CS605276649	3	138.27	Y	N	
Grand Total	3	138.27			

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>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		3	ctns	138.27		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175	
1		3		188.27		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 are in proper condition for transportation according to the applicable regulations of the DOT.

SHIPPING MANAGER

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.
 _____ 8/20/25

Date: 8/20/2025 8:08:59 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 Internallional Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001531800



CARRIER NAME: RYDER INTEGRATED LOGISTICS

SHIP TO
 Name: Wayfair-Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: **FOB:**
 Dept:

Responsible Acct.No:
 Trailer number: 354560
 Seal number(s):

SCAC: RYDD
Pro Number: CS605732922

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

SPECIAL INSTRUCTIONS:
 Load #: CS605399701
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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		ADDITIONAL SHIPPER INFO
CS605399701	1	72.16	Y	N	
Grand Total	1	72.16			

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	72.16		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		122.16		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 articles are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
SHIPPING MANAGER

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
 [Signature] 8/20/25

Date: 8/20/2025 8:08:58 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001531701



SHIP TO
 Name: Wayfair-Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: RYDER INTEGRATED LOGISTICS

Responsible Acct.No:
 Trailer number: 354560
 Seal number(s):

SCAC: RYDD
 Pro Number: CS605732922

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 #: CS605472772
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
CS605472772	1	196.00	Y	N	
Grand Total	1	196.00			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	196.00		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		246.00		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.
SHIPPING MANAGER

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 guide book or equivalent documentation in the vehicle.
 [Signature] 08/20/25

Date: 8/20/2025 8:08:56 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168001531770	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001531770	
SHIP TO		CARRIER NAME: RYDER INTEGRATED LOGISTICS	
Name: Wayfair-Port Wentworth Fulfillment Address: 310 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 CID#: FOB: <input type="checkbox"/> Dept:		Responsible Acct.No: Trailer number: 354560 Seal number(s): SCAC: RYDD Pro Number: CS605732922	
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: X 3rd Party: <input type="checkbox"/> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: CS605095563 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
Driver Departure Time AM PM			

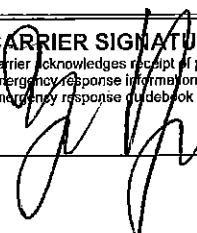
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS605095563	1	72.16	Y N	
Grand Total	1	72.16		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	72.16		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		122.16		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: <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>
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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. DARRIN LOCKERY SHIPPING MANAGER	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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 on the vehicle.  08/20/25
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Date: 8/20/2025 8:08:55 AM

Bill Of Lading

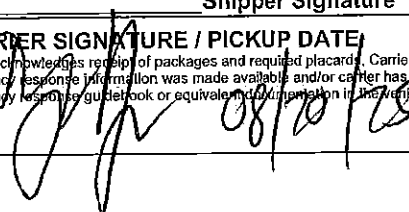
SHIP FROM		Bill of Lading Number: 06757168001533019										
Name: E & E COMPANY LTD		 (402)06757168001533019										
Address: 311 International Trade Pkwy												
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: RYDER INTEGRATED LOGISTICS										
PHONE:		Responsible Acct.No:										
VENDOR: 1987		Trailer number: 354560										
SHIP TO		Seal number(s):										
Name: Wayfair-Port Wentworth Fulfillment		SCAC: RYDD										
Address: 310 International Trade Pkwy		Pro Number: CS605732922										
City/State/Zip: Port Wentworth, GA 31407												
CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>												
Dept:												
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: Load #: CS605568989 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </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	ADDITIONAL SHIPPER INFO
CS605568989	1	66.50	Y N	
Grand Total	1	66.50		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	66.50		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		116.50		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>
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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).

<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 SHIPPER'S NAME: SHIPS INC ADDRESS: 311 INTERNATIONAL TRADE PKWY PORT WENTWORTH, GA 31407 PHONE: (404) 251-1111 FAX: (404) 251-1111 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for shipment according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>
<p>CARRIER SIGNATURE / PICKUP DATE: Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent information in the vehicle.  08/20/25</p>		

Date: 8/20/2025 8:08:53 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757168001531787										
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001531787										
SHIP TO		CARRIER NAME: RYDER INTEGRATED LOGISTICS										
Name: Wayfair-Port Wentworth Fulfillment Address: 310 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 CID#: FOB: <input type="checkbox"/> Dept:		Responsible Acct.No: Trailer number: 354560 Seal number(s): SCAC: RYDD Pro Number: CS605732922										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X 3rd Party:										
Name: Address: City/State/Zip:		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)										
SPECIAL INSTRUCTIONS: Load #: CS605269158 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </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										

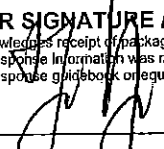
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
CS605269158	1	72.16	Y	N	
Grand Total	1	72.16			


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>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		1	ctns	72.16		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125	
1		1		122.16		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

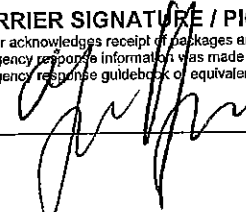
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable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


SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the DOT. DARRELL DUCKERY SHIPPING MANAGER	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.  08/20/25
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SHIP FROM		Bill of Lading Number: 06757168001531855										
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001531855										
SHIP TO		CARRIER NAME: RYDER INTEGRATED LOGISTICS										
Name: Wayfair-Port Wentworth Fulfillment Address: 310 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 CID#: FOB: <input type="checkbox"/> Dept:		Responsible Acct.No: Trailer number: 354560 Seal number(s): SCAC: RYDD Pro Number: CS605732922										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading										
Name: Address: City/State/Zip:												
SPECIAL INSTRUCTIONS: Load #: CS605369602 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Appointment Time</th> <th style="width: 33%;">Actual Driver Arrival Time</th> <th style="width: 33%;">Driver Departure Time</th> </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	ADDITIONAL SHIPPER INFO	
CS605369602	1	45.65	Y N		
Grand Total	1	45.65			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	45.65		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175
1		1		95.65		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: <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. _____ SHIPPING MANAGER	<table border="0" style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.  08/20/25			

SHIP FROM		Bill of Lading Number: 06757168001531862	
Name: E & E COMPANY LTD		 (402)06757168001531862	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
PHONE:		CARRIER NAME: RYDER INTEGRATED LOGISTICS	
VENDOR: 1987		Responsible Acct.No:	
SHIP TO		Trailer number: 354560	
Name: Wayfair-Port Wentworth Fulfillment		Seal number(s):	
Address: 310 International Trade Pkwy		SCAC: RYDD	
City/State/Zip: Port Wentworth, GA 31407		Pro Number: CS605732922	
CID#: <input type="checkbox"/> FOB: <input type="checkbox"/>			
Dept:			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: CS605446789		Actual Driver Arrival Time	
For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.		Driver Departure Time	
Packing List is Attached		AM	
		PM	

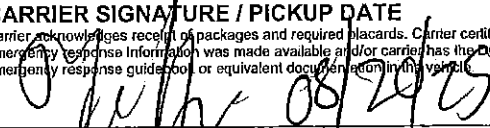
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS605446789	1	45.00	Y N	
Grand Total	1	45.00		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	45.00		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		95.00		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: <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 shipment, according to the applicable regulations of the DOT. SHIPPING MANAGER	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.  08/20/25
---	---	---	--

Date: 8/20/2025 8:08:48 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001531886

 (402)06757168001531886

SHIP TO
 Name: Wayfair-Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: RYDER INTEGRATED LOGISTICS
 Responsible Acct.No:
 Trailer number: 354560
 Seal number(s):

SCAC: RYDD
Pro Number: CS605732922

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 #: CS605362064
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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		ADDITIONAL SHIPPER INFO
CS605362064	1	72.16	Y	N	
Grand Total	1	72.16			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	72.16		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		122.16		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:

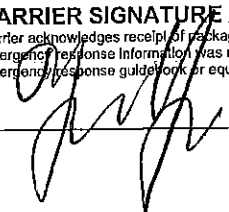
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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 that proper conditions for transportation according to the applicable regulations of the DOT have been met.
SHIPPER SIGNATURE

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.

 08/20/25

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001533002

 (402)06757168001533002

SHIP TO
 Name: Wayfair-Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: RYDER INTEGRATED LOGISTICS
 Responsible Acct.No:
 Trailer number: 354560
 Seal number(s):

SCAC: RYDD
Pro Number: CS605732922

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 #: CS605657878
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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	ADDITIONAL SHIPPER INFO
CS605657878	1	196.00	Y N	
Grand Total	1	196.00		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	196.00		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		246.00		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).

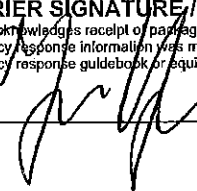
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable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

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 for carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

 8/20/25

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001531695

 (402)06757168001531695

SHIP TO
 Name: Wayfair-Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: RYDER INTEGRATED LOGISTICS
 Responsible Acct.No:
 Trailer number: 354560
 Seal number(s):
SCAC: RYDD
Pro Number: CS605732922

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 #: CS605318099
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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	ADDITIONAL SHIPPER INFO
CS605318099	1	196.00	Y N	
Grand Total	1	196.00		

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		1	ctns	196.00		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125	
1		1		246.00		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:

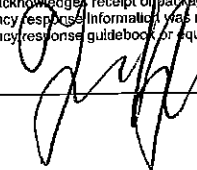
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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.
SHIPPING MANAGER

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.
 08/20/25

Date: 8/20/2025 8:08:44 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR: 1987

Bill of Lading Number: 06757168001531688



SHIP TO

Name: Wayfair-Port Wentworth Fulfillment
 Address: 310 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 CID#: FOB:
 Dept:

CARRIER NAME: RYDER INTEGRATED LOGISTICS

Responsible Acct.No:
 Trailer number: 354560
 Seal number(s):

SCAC: RYDD
 Pro Number: CS605732922

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

SPECIAL INSTRUCTIONS:

Load #: CS605437368
 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.
 Packing List is Attached

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	ADDITIONAL SHIPPER INFO
CS605437368	1	173.80	Y N	
Grand Total	1	173.80		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	173.80		Furniture Sub 5 - 6 but less than 8 per cubic foot	79300-5	125
1		1		223.80		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

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, marked, labeled and packed in proper condition for transportation according to the applicable regulations.
SHIPPING MANAGER

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

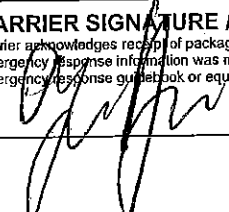
CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

[Handwritten Signature] 08/20/25

SHIP FROM		Bill of Lading Number: 06757168001531763										
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987		 (402)06757168001531763										
SHIP TO		CARRIER NAME: RYDER INTEGRATED LOGISTICS										
Name: Wayfair-Port Wentworth Fulfillment Address: 310 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 CID#: FOB: <input type="checkbox"/> Dept:		Responsible Acct.No: Trailer number: 354560 Seal number(s): SCAC: RYDD Pro Number: CS605732922										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>										
Name: Address: City/State/Zip:		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)										
SPECIAL INSTRUCTIONS: Load #: CA605067523 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Appointment Time</th> <th style="width: 25%;">Actual Driver Arrival Time</th> <th style="width: 25%;">Driver Departure Time</th> </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	ADDITIONAL SHIPPER INFO
CA605067523	2	79.20	Y N	
Grand Total	2	79.20		

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		2	ctns	79.20		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175	
1		2		129.20		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: <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. DARRELL DUCKERTY SHIPPING MANAGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.  8/20/25			

Date: 8/20/2025 8:08:41 AM

Bill Of Lading

<p align="center">SHIP FROM</p> <p>Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: VENDOR: 1987</p>	<p>Bill of Lading Number: 06757168001531848</p>  <p>(402)06757168001531848</p>
--	--

<p align="center">SHIP TO</p> <p>Name: Wayfair-Port Wentworth Fulfillment Address: 310 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 CID#: <input type="checkbox"/> FOB: <input type="checkbox"/> Dept:</p>	<p>CARRIER NAME: RYDER INTEGRATED LOGISTICS</p> <p>Responsible Acct.No: Trailer number: 354560 Seal number(s): SCAC: RYDD Pro Number: CS605732922</p>
--	--

<p align="center">THIRD PARTY FREIGHT CHARGES BILL TO:</p> <p>Name: Address: City/State/Zip:</p> <p>SPECIAL INSTRUCTIONS: Load #: CS605299843 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached</p>	<p>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</p> <p>Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/></p> <p><input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> <tr> <td align="center">AM</td> <td align="center">AM</td> <td align="center">AM</td> </tr> <tr> <td align="center">PM</td> <td align="center">PM</td> <td 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		ADDITIONAL SHIPPER INFO
CS605299843	1	39.60	Y	N	
Grand Total	1	39.60			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	39.60		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175
1		1		89.60		Grand Total		

<p>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 _____</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>
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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).

<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>
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<p>SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p> <p>SHIPPING MANAGER</p>	<p>Trailer Loaded:</p> <p><input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input 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 <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small></p> <p align="right"><i>[Signature]</i> 08/20/25</p>
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SHIP FROM		Bill of Lading Number: 06757168001531831
Name: E & E COMPANY LTD	 (402)06757168001531831	CARRIER NAME: RYDER INTEGRATED LOGISTICS
Address: 311 International Trade Pkwy		
City/State/Zip: Port Wentworth, GA 31407		
PHONE:		
VENDOR: 1987	Responsible Acct.No:	

SHIP TO		Trailer number: 354560
Name: Wayfair-Port Wentworth Fulfillment	FOB: <input type="checkbox"/>	Seal number(s):
Address: 310 International Trade Pkwy		
City/State/Zip: Port Wentworth, GA 31407		
CID#: Dept:		
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: RYDD
Name:		Pro Number: CS605732922
Address:		
City/State/Zip:		

Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)									
Address:		Prepaid:	Collect: X 3rd Party:								
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading									
SPECIAL INSTRUCTIONS: Load #: CS605280904 For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance. Packing List is Attached		<table border="1"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time									
AM	AM	AM									
PM	PM	PM									

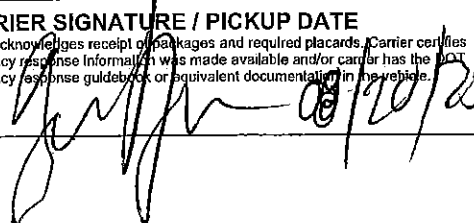
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CS605280904	1	46.09	Y N	
Grand Total	1	46.09		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	46.09		Furniture Sub 4 - 4 but less than 6 per cubic foot	79300-4	175
1		1		96.09		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: <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.
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SHIPPER SIGNATURE / DATE This is to certify that the above referenced materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. SHIPPER'S INC SHIPPING MANAGER	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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 emergency response guidebook or equivalent documentation in the vehicle.  8/20/25
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