

231-415-6606

| | | | |
|---------------|---------------|----------|-----------|
| Equip ID | 180176 | Status | SA |
| Equip Arrival | 04/10/24 0437 | Temp1 | |
| Carrier | NIRA | Temp2 | |
| Seal | 0933181 | Temp3 | |
| Reseal | | Fuel Lvl | 25 |
| Door/Zone | APPOINTMENT | Dept | SAXD |
| Del Date | 04/10/24 0440 | Type | 53' swing |

113

I have read and understand the posted copy of Wal-Mart's Appointment / Drop Rules and Regulations .

Driver Signature _____

Per



Delivery# 83054372

DC 6698

Date: 04/10/24 03:11 AM CST

BILL OF LADING

Page 1 of 1

| SHIP FROM | | SHIP TO | | CARRIER DETAILS | |
|-----------------|---------------------------|-----------------|---------------------------------|-----------------|-----------------------------------|
| Name: | HOU | Name: | WAL-MART STORES INC - SAMS CLUB | Carrier Name: | AMERICAN NATIONAL LOGISTICS, INC. |
| Address: | 14810 Fairway Pines Drive | Location #: | | Address: | 2211 Old Earhart Road Suite 100 |
| City/State/Zip: | Missouri City, TX 77459 | Address: | SAMS 451 FM 586 | City/State/Zip: | Ann Arbor MI 48105 |
| SID#: | 56233307 | City/State/Zip: | DAYTON, TX 77535 | SCAC: | ANAL Pro number: |
| FOB: | <input type="checkbox"/> | CID#: | | Trailer number: | 180176 |
| | | Customer Phone: | | Seal Number | 0933181 |

| | |
|-------------------------------|------------|
| Bill of Lading Number: | 35807055 |
| Master Bill of Lading Number: | 56233307 |
| Customer PO#: | 8881551664 |
| Reference #: | 83054372 |
| Delivery #: | 35807055 |
| Shipment #: | 56233307 |

Freight Charge Prepaid Collect 3rd Party Customer Pick Up

Terms: (freight charges are prepaid unless marked otherwise)

POD INSTRUCTIONS: Carrier FAX (909) 494-4456 Or Email To : Orders@niagarawater.com

Customer Order Information

| Qty Order | Bottles Shipped | Cases Shipped | Pallets Shipped | SKU | Customer Item ID | Item Description | UPC Code | Weight |
|-----------|-----------------|---------------|-----------------|-------------|------------------|-------------------------------------|--------------|-----------|
| 816 | 4896 | 816 | 17 | MMK1GP6PDMB | 645785769 | 1GP.DM.MEMBERS MARK.6P. BRICK.48.CH | 078742150604 | 43044 lbs |

Totals

| | | | | | | | | |
|-----|------|-----|----|--|--|--|--|-----------|
| 816 | 4896 | 816 | 17 | | | | | 43044 lbs |
|-----|------|-----|----|--|--|--|--|-----------|

All overages, under and damage issues/refusals must be populated on this document and communicated via FAX confirmation of POD to (909) 494-4456

Receiving Stamp:

CARRIER

| | | |
|---|--|--|
| CARRIER SIGNATURE/PICKUP DATE <i>maurce bullock</i> Property described above is received in good Order, except as noted. Print Name: maurce bullock | If the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Consignor Signature _____ Date _____ | FACILITY CHECKOUT Appt Time: 04/10/24 12:30 AM CST Check In Time: 04/10/24 02:05 AM CST Check Out: 04/10/24 03:11 AM CST Delivery Time: 04/10/24 04:40 AM CST Driver Name: maurce bullock |
| | | RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. |

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

CARRIER INSTRUCTIONS

Driver: Should you encounter any delays preventing the on time delivery of this shipment. Please dial 909-230-4486 for assistance.

SAM'S DC 6698
 109457
 8881551664
 180176
 0986125
 816
 DATE 04/10/24

281-415-6606

| | | | |
|---------------|---------------|----------|-----------|
| Equip ID | 180176 | Status | SA |
| Equip Arrival | 04/11/24 0411 | Temp1 | |
| Carrier | NIRA | Temp2 | |
| Seal | 0933223 | Temp3 | |
| Reseal | | Fuel Lvl | 25 |
| Door/Zone | APPOINTMENT | Dept | SAXD |
| Del Date | 04/11/24 0445 | Type | 53' swing |

109

I have read and understand the posted copy of Wal-Mart's Appointment / Drop Rules and Regulations .

Driver Signature _____



Delivery# 83055168

DC 6698

STRAIGHT BILL OF LADING - SHORT FORM - Not negotiable

| Date: 04/11/24 02:52 AM CST | | BILL OF LADING | | | | | | |
|--|-----------------|--|-----------------|--|-------------------------|-------------------------------------|--------------------------------------|---|
| SHIP FROM | | Bill of Lading Number: 35812399 | | | | | | |
| Name: HOU | | Master Bill of Lading Number: 56241355 | | | | | | |
| Address: 14810 Fairway Pines Drive | | Customer PO#: 8881551723 | | | | | | |
| City/State/Zip: Missouri City, TX 77459 | | Reference #: 83055168 | | | | | | |
| SID#: 56241355 FOB: <input type="checkbox"/> | | Delivery #: 35812399 | | | | | | |
| | | Shipment #: 56241355 | | | | | | |
| SHIP TO | | CARRIER DETAILS | | | | | | |
| Name: WAL-MART STORES INC - SAMS CLUB | | Carrier Name: AMERICAN NATIONAL LOGISTICS, INC. | | | | | | |
| Location #: | | Address: 2211 Old Earhart Road Suite 100 | | | | | | |
| Address: SAMS 451 FM 686 | | City/State/Zip: Ann Arbor MI 48105 | | | | | | |
| City/State/Zip: DAYTON, TX 77535 | | SCAC: ANAL Pro number: | | | | | | |
| CID#: FOB: <input type="checkbox"/> | | Trailer number: 180176 | | | | | | |
| Customer Phone: | | Seal Number 0933223 | | | | | | |
| Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> Customer Pick Up <input type="checkbox"/> | | | | | | |
| POD INSTRUCTIONS: Carrier FAX (909) 494-4456 Or Email To : Orders@niagarawater.com | | | | | | | | |
| Customer Order Information | | | | | | | | |
| Qty Order | Bottles Shipped | Cases Shipped | Pallets Shipped | SKU | Customer Item ID | Item Description | UPC Code | Weight |
| 816 | 4896 | 816 | 17 | MMK1GP6PDMB | 645785769 | 1GP.DM.MEMBERS MARK.6P. BRICK.48.CH | 078742150604 | 43044 lbs |
| Totals | | | | | | | | |
| 816 | 4896 | 816 | 17 | | | | | 43044 lbs |
| All overages, under and damage issues/refusals must be populated on this document and communicated via FAX confirmation of POD to (909) 494-4456 | | | | | Receiving Stamp: | | | |
| CARRIER | | | | | | | | |
| CARRIER SIGNATURE/PICKUP DATE | | | | If the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Consignor Signature _____ Date _____ | | | FACILITY CHECKOUT | |
| <i>maurice bullock</i> | | | | | | | Appt Time: 04/11/24 12:30 AM CST | |
| <i>Property described above is received in good Order, except as noted.</i> | | | | | | | Check Out: 04/11/24 02:52 AM CST | |
| Print Name: maurice bullock | | | | | | | Delivery Time: 04/11/24 04:45 AM CST | |
| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. | | | | COD Amount: \$ | | LTL ONLY | | Driver Name: maurice |
| | | | | | | NMFC # | | Driver Initials: <i>maurice bullock</i> |
| | | | | | | CLASS | | NBL Initials: _____ |
| | | | | | | 0 | | |
| Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S.DOT emergency response guidebook or equivalent documentation in the vehicle. | | | | | | | | |
| CARRIER INSTRUCTIONS | | | | | | | | |
| Driver: Should you encounter any delays preventing the on time delivery of this shipment, Please dial 909-230-4486 for assistance. | | | | | | | | |

CAM'S DC 6698

0986265

RECEIVER # 109666 TR # 180176
 PO # 8881551723 PLTS 17
 TOTAL RECEIVED 816
 OVER _____ SHORT _____
 DAMAGE KL. # _____ ROC DAMAGE _____
 REC'D BY OR DATE 04/11/24

Handwritten signature

| | | | |
|---------------|---------------|----------|-----------|
| Equip ID | 180176 | Status | SA |
| Equip Arrival | 04/12/24 0534 | Temp1 | |
| Carrier | NIRA | Temp2 | |
| Seal | 0933340 | Temp3 | |
| Reseal | | Fuel Lvl | 25 |
| Door/Zone | APPOINTMENT | Dept | SAXD |
| Del Date | 04/12/24 0630 | Type | 53' swing |

I have read and understand the posted copy of Wal – Mart's Appointment / Drop Rules and Regulations .

Driver Signature _____



117

Delivery# 83057768

DC 6698

STRAIGHT BILL OF LADING - SHORT FORM - Not negotiable

281 415 6606 Niagara Bottling, LLC

| | | | | | | | | |
|--|-----------------|------------------------------------|---|---|------------------|---|--------------|-----------|
| Date: 04/12/24 04:04 AM CST | | BILL OF LADING | | Page 1 of 1 | | | | |
| SHIP FROM | | | Bill of Lading Number: 35820733 | | | | | |
| Name: HOU | | | Master Bill of Lading Number: 56242085 | | | | | |
| Address: 14810 Fairway Pines Drive | | | Customer PO#: 8881551788 | | | | | |
| City/State/Zip: Missouri City, TX 77459 | | | Reference #: 83057768 | | | | | |
| SID#: 56242085 | | | Delivery #: 35820733 | | | | | |
| FOB: <input type="checkbox"/> | | | Shipment #: 56242085 | | | | | |
| SHIP TO | | | CARRIER DETAILS | | | | | |
| Name: WAL-MART STORES INC - SAMS CLUB | | | Carrier Name: AMERICAN NATIONAL LOGISTICS, INC. | | | | | |
| Location #: SAMS 451 FM 686 | | | Address: 2211 Old Earhart Road Suite 100 | | | | | |
| Address: SAMS 451 FM 686 | | | City/State/Zip: Ann Arbor MI 48105 | | | | | |
| City/State/Zip: DAYTON, TX 77535 | | | SCAC: ANAL Pro number: | | | | | |
| CID#: FOB: <input type="checkbox"/> | | | Trailer number: 180176 | | | | | |
| Customer Phone: | | | Seal Number 0933340 | | | | | |
| Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | Prepaid <input type="checkbox"/> | | Collect <input type="checkbox"/> | | | | |
| | | 3rd Party <input type="checkbox"/> | | Customer Pick Up <input type="checkbox"/> | | | | |
| POD INSTRUCTIONS: Carrier FAX (909) 494-4456 Or Email To : Orders@niagarawater.com | | | | | | | | |
| Customer Order Information | | | | | | | | |
| Qty Order | Bottles Shipped | Cases Shipped | Pallets Shipped | SKU | Customer Item ID | Item Description | UPC Code | Weight |
| 816 | 4896 | 816 | 17 | MMK1GP6PDMB | 645785769 | 1GP.DM.MEMBERS MARK.6P.BRICK.48.CH | 078742150604 | 43044 lbs |
| Totals | | | | | | | | |
| 816 | 4896 | 816 | 17 | | | | | 43044 lbs |
| All overages, under and damage issues/refusals must be populated on this document and communicated via FAX confirmation of POD to (909) 494-4456 | | | | Receiving Stamp: | | | | |
| CARRIER | | | | | | | | |
| CARRIER SIGNATURE/PICKUP DATE | | | If the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Consignor Signature _____ Date _____ | | | FACILITY CHECKOUT | | |
| <i>maurice bullock</i> | | | | | | Appt Time: 04/12/24 02:00 AM CST | | |
| Property described above is received in good Order, except as noted. | | | | | | Check In Time: 04/12/24 01:57 AM CST | | |
| Print Name: maurice bullock | | | | | | Check Out: 04/12/24 04:04 AM CST | | |
| RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. | | | COD Amount: \$ | | | Delivery Time: 04/12/24 06:30 AM CST | | |
| | | | LTL ONLY | | | Driver Name: maurice | | |
| | | | NMFC # CLASS | | | Driver Initials: <i>maurice bullock</i> | | |
| | | | 0 | | | NBL Initials: _____ | | |
| Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S.DOT emergency response guidebook or equivalent documentation in the vehicle. | | | | | | | | |
| CARRIER INSTRUCTIONS | | | | | | | | |
| Driver: Should you encounter any delays preventing the on time delivery of this shipment. Please dial 909-230-4486 for assistance. | | | | | | | | |

0946299

SAM'S DC 6698

RECEIVER # 109994 TR # 180176
 PO # 8881551788 PLTS 17
 TOTAL RECEIVED 816
 OVER _____ SHORT _____
 DAMAGE KEPT _____ ROC DAMAGE _____
 REC'D BY: llh DATE: 4/12/24

281-2415-6606

| | | | |
|---------------|---------------|----------|------|
| Equip ID | 180176 | Status | SA |
| Equip Arrival | 04/15/24 0523 | Temp1 | 125 |
| Carrier | NIRA | Temp2 | |
| Seal | 0933382 | Temp3 | |
| Reseal | | Fuel Lvl | 25 |
| Door/Zone | APPOINTMENT | Dept | SAXD |
| Del Date | 04/15/24 0645 | Type | 53' |

I have read and understand the posted copy of Wal-Mart's Appointment / Drop Rules and Regulations .

Driver Signature _____



Delivery# 83066646

9856

DC 6698



STRAIGHT BILL OF LADING - SHORT FORM - Not negotiable

Niagara Bottling, LLC

Date: 04/15/24 02:21 AM CST **BILL OF LADING** Page 1 of 1

| SHIP FROM | | Bill of Lading Number: 35841811 | |
|-----------------|-------------------------------|---------------------------------|------------|
| Name: | HOU | Master Bill of Lading Number: | 56270163 |
| Address: | 14810 Fairway Pines Drive | Customer PO#: | 8881552061 |
| City/State/Zip: | Missouri City, TX 77459 | Reference #: | 83066646 |
| SID#: | 56270163 | Delivery #: | 35841811 |
| | FOB: <input type="checkbox"/> | Shipment #: | 56270163 |

| SHIP TO | | CARRIER DETAILS | |
|-----------------|---------------------------------|-----------------|-----------------------------------|
| Name: | WAL-MART STORES INC - SAMS CLUB | Carrier Name: | AMERICAN NATIONAL LOGISTICS, INC. |
| Location #: | | Address: | 2211 Old Earhart Road Suite 100 |
| Address: | SAMS 451 FM 686 | City/State/Zip: | Ann Arbor MI 48105 |
| City/State/Zip: | DAYTON, TX 77535 | SCAC: | ANAL Pro number: |
| CID#: | | Trailer number: | 180176 |
| Customer Phone: | | Seal Number | 0933382 |

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

POD INSTRUCTIONS: Carrier FAX (909) 494-4456 Or Email To : Orders@niagarawater.com

Customer Order Information

| Qty Order | Bottles Shipped | Cases Shipped | Pallets Shipped | SKU | Customer Item ID | Item Description | UPC Code | Weight |
|-----------|-----------------|---------------|-----------------|-------------|------------------|-------------------------------------|--------------|-----------|
| 816 | 4896 | 816 | 17 | MMK1GP6PDMB | 645785769 | 1GP.DM.MEMBERS MARK.6P. BRICK.48.CH | 078742150604 | 43044 lbs |

| Totals | | | | | | | |
|--------|------|-----|----|--|--|--|-----------|
| 816 | 4896 | 816 | 17 | | | | 43044 lbs |

All overages, under and damage issues/refusals must be populated on this document and communicated via FAX confirmation of POD to (909) 494-4456

Receiving Stamp:

CARRIER

| | | |
|---|--|--|
| CARRIER SIGNATURE/PICKUP DATE <i>maurice bullock</i> <small>Property described above is received in good Order, except as noted.</small> | If the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Consignor Signature _____ Date _____ | FACILITY CHECKOUT Appt Time: 04/14/24 10:30 PM CST Check In Time: 04/15/24 01:01 AM CST Check Out: 04/15/24 02:21 AM CST Delivery Time: 04/15/24 06:45 AM CST Driver Name: maurice |
| | | RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. |

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

CARRIER INSTRUCTIONS

Driver: Should you encounter any delays preventing the on time delivery of this shipment. Please dial 909-230-4486 for assistance.

0986655

SAM'S DC 6698

RECEIVED # _____ TR # 180176
 PO # 8881552061 PLTS 17
 TOTAL RECEIVED _____
 OVER _____ SHORT _____
 DAMAGE CLAIM _____ ROC DAMAGE _____
 REC'D BY: *bullock* DATE 4/15/24

281-415-6606

| | | | |
|---------------|---------------|----------|-----------|
| Equip ID | 180176 | Status | SA |
| Equip Arrival | 04/16/24 0412 | Temp1 | 119 |
| Carrier | NIRA | Temp2 | |
| Seal | 0938580 | Temp3 | |
| Reseal | | Fuel Lvl | 25 |
| Door/Zone | APPOINTMENT | Dept | SAXD |
| Del Date | 04/16/24 0440 | Type | 53' swing |

I have read and understand the posted copy of Wal-Mart's
Appointment / Drop Rules and Regulations .

Driver Signature _____



Delivery# 83069199

DC 6698

STRAIGHT BILL OF LADING - SHORT FORM - Not negotiable

Niagara Bottling, LLC

Date: 04/16/24 02:57 AM CST **BILL OF LADING** Page 1 of 1

| SHIP FROM | | Bill of Lading Number: 35845235 | |
|-----------------|-------------------------------|---------------------------------|------------|
| Name: | HOU | Master Bill of Lading Number: | 56270191 |
| Address: | 14810 Fairway Pines Drive | Customer PO#: | 8881552093 |
| City/State/Zip: | Missouri City, TX 77459 | Reference #: | 83069199 |
| SID#: | 56270191 | Delivery #: | 35845235 |
| | FOB: <input type="checkbox"/> | Shipment #: | 56270191 |

| SHIP TO | | CARRIER DETAILS | |
|-----------------|---------------------------------|-----------------|-----------------------------------|
| Name: | WAL-MART STORES INC - SAMS CLUB | Carrier Name: | AMERICAN NATIONAL LOGISTICS, INC. |
| Location #: | | Address: | 2211 Old Earhart Road Suite 100 |
| Address: | SAMS 451 FM 686 | City/State/Zip: | Ann Arbor MI 48105 |
| City/State/Zip: | DAYTON, TX 77535 | SCAC: | ANAL Pro number: |
| CID#: | | Trailer number: | 180176 |
| Customer Phone: | | Seal Number | 0938580 |
| | FOB: <input type="checkbox"/> | | |

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

POD INSTRUCTIONS: Carrier FAX (909) 494-4456 Or Email To : Orders@niagarawater.com

Customer Order Information

| Qty Order | Bottles Shipped | Cases Shipped | Pallets Shipped | SKU | Customer Item ID | Item Description | UPC Code | Weight |
|-----------|-----------------|---------------|-----------------|-------------|------------------|-------------------------------------|--------------|-----------|
| 816 | 4896 | 816 | 17 | MMK1GP6PDMB | 645785769 | 1GP.DM.MEMBERS MARK.6P. BRICK.48.CH | 078742150604 | 43044 lbs |

| Totals | | | | | | | |
|--------|------|-----|----|--|--|--|-----------|
| 816 | 4896 | 816 | 17 | | | | 43044 lbs |

All overages, under and damage issues/refusals must be populated on this document and communicated via FAX confirmation of POD to (909) 494-4456

Receiving Stamp:

| CARRIER SIGNATURE/PICKUP DATE | | CARRIER | | FACILITY CHECKOUT | |
|---|--|--|--|--|--|
| <i>maurice bullock</i> Property described above is received in good Order, except as noted. | | If the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Consignor Signature _____ Date _____ | | Appt Time: 04/15/24 11:30 PM CST | |
| | | | | Check In Time: 04/16/24 01:52 AM CST | |
| Print Name: maurice bullock RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. | | COD Amount: \$ _____ LTL ONLY NMFC # 0 CLASS | | Check Out: 04/16/24 02:57 AM CST Delivery Time: 04/16/24 04:40 AM CST Driver Name: maurice Driver Initials: <i>maurice bullock</i> NBL Initials: _____ | |

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

CARRIER INSTRUCTIONS

Driver: Should you encounter any delays preventing the on time delivery of this shipment. Please dial 909-230-4486 for assistance.

0986651

SAM'S DC 6698

RECEIVER # _____ TR # 180176
 PO # 8881552093 PLTS 17
 TOTAL RECEIVED _____
 OVER _____ SHORT _____
 DAMAGE KEPT _____ ROC DAMAGE _____
 REC'D BY *[Signature]* DATE 4/16/24