

Date: 9/28/2022 8:31:16 AM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000732487	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohls	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	CSIZ-36731
		Seal number(s):	44369550
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	ANSH
SID#:		Pro Number:	N/A
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/>	MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 844525631		9:00 AM PM	7:30 AM PM
		Driver Departure Time	8:35 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#		Supplier#
14208645	Dept#: 211	117	1443.52	Y N	06757163000732166	00810		
14208645	Dept#: 211	87	1063.74	Y N	06757163000732173	00830		
14208645	Dept#: 211	77	957.22	Y N	06757163000732180	00840		
14208645	Dept#: 211	46	569.12	Y N	06757163000732197	00855		
14208645	Dept#: 211	26	318.71	Y N	06757163000732203	00860		
14208645	Dept#: 211	127	1528.63	Y N	06757163000732210	00865		
14208645	Dept#: 211	65	802.44	Y N	06757163000732227	00875		
Grand Total		545	6683.38					

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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
23	Pallet			1150.00		Pallet		70
		545	ctns	6683.38		Comforters, Bedspreads	49017	200

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

per _____

COD Amount \$ _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:
 By Shipper
 By Driver
Freight Counted:
 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE

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

[Signature] 9/28/22

Date: 9/28/2022 8:31:16 AM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000732487	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohls	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	CSIZ-36731
		Seal number(s):	44369550
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	ANSH
SID#:		Pro Number:	N/A
		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
ME# 844525631		AM	AM
		PM	PM
		Driver Departure Time	
		AM	AM
		PM	PM
23		7833.38	Grand Total

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

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

_____ per _____

COD Amount \$ _____

Fee Terms:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 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.

Date: 9/28/2022 8:30:47 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000732166	
Name:	E & E COMPANY LTD	 (402)06757163000732166	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohls Dist. Center - #00810	Location #:	00810
Address:	7855 County Road 140		
	Findlay D.C., 00810		
City/State/Zip:	Findlay, OH 45840		
CID#:	844525631	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Load #: 844525631	Prepaid:	Collect: X	3rd Party:
Packing List is Attached	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14208645 Dept#: 211	117	1443.52	Y	N	
Grand Total	117	1443.52			

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
5	Pallet			250.00		Pallet		
		117	ctns	1443.52		Comforters, Bedspreads	49017	200
5		117		1693.52		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 6806775 Order Date: 09/20/2022 Customer: KOHLS DIST. CENTER - #00810 Customer PO No.: 14208645

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 09/28/2022 Shipment No.: 300073216
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3221	086569676825	K Logan Comforter Set	EA	1	47	47	47	47
N/A	KL10-3332	022164103540	Q Jeanie 6pcs Comforter Set An	EA	1	35	35	35	35
N/A	KL10-3333	022164103557	K Jeanie 6pcs Comforter Set An	EA	1	35	35	35	35

Total Weight:	1443.52
Total Quantity Ordered:	117
Total Cartons Ordered:	117
Total Quantity Shipped:	117
Total Cartons Shipped:	117

Date: 9/28/2022 8:30:47 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

Bill of Lading Number: 06757163000732166



CARRIER NAME: Alliance Shippers

Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00810 Location #: 00810
 Address: 7855 County Road 140
 Findlay D.C., 00810
 City/State/Zip: Findlay, OH 45840
 CID#: 844525631

Trailer number: CSIZ-36731

Seal number(s): 44369550

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 844525631
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14208645 Dept#: 211	117	1443.52	Y	N	
Grand Total	117	1443.52			

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
5	Pallet			250.00		Pallet		
		117	ctns	1443.52		Comforters, Bedspreads	49017	200
5		117		1693.52		Grand Total		

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

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

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

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

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

 Shipper Signature

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

Trailer Loaded:
 By Shipper
 By Driver


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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 9/28/2022 8:30:50 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000732197	
Name: E & E COMPANY LTD		 (402)06757163000732197	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: CSIZ-36731	
VENDOR: 000074879		Seal number(s): 44369550	
FOB: <input type="checkbox"/>		SCAC: ANSH	
SHIP TO		Pro Number: N/A	
Name: Kohls Dist. Center - #00855		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 890 East Mill Street			
City/State/Zip: San Bernardino D.C., 00855		Prepaid: Collect: X 3rd Party:	
CID#: 844525631		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 844525631			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14208645 Dept#: 211	46	569.12	Y N	
Grand Total	46	569.12		

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
2	Pallet			100.00		Pallet		
		46	ctns	569.12		Comforters, Bedspreads	49017	200
2		46		669.12		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>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i></p>
			<p>Appt Time: In: Out: Driver Signature:</p>

Order No.: 6806778 Order Date: 09/20/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14208645
#00855

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	Shipping Date: 09/28/2022 Shipment No.: 300073219
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3221	086569676825	K Logan Comforter Set	EA	1	18	18	18	18
N/A	KL10-3332	022164103540	Q Jeanie 6pcs Comforter Set An	EA	1	12	12	12	12
N/A	KL10-3333	022164103557	K Jeanie 6pcs Comforter Set An	EA	1	16	16	16	16

Total Weight:	569.12
Total Quantity Ordered:	46
Total Cartons Ordered:	46
Total Quantity Shipped:	46
Total Cartons Shipped:	46

Date: 9/28/2022 8:30:50 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000732197	
Name:	E & E COMPANY LTD	 (402)06757163000732197	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohls Dist. Center - #00855	Location #:	00855
Address:	890 East Mill Street		
	San Bernardino D.C., 00855		
City/State/Zip:	San Bernardino, CA 92408-1614		
CID#:	844525631	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: CSIZ-36731	
Name:	Address:		
City/State/Zip:	Seal number(s): 44369550		
SPECIAL INSTRUCTIONS:		SCAC: ANSH	
Load #: 844525631		Pro Number: N/A	
Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14208645 Dept#: 211	46	569.12	Y	N	
Grand Total	46	569.12			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		46	ctns	569.12		Comforters, Bedspreads	49017	200
2		46		669.12		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:


In:

Out:

Driver Signature:

Date: 9/28/2022 8:30:55 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000732210
Name: E & E COMPANY LTD	 (402)06757163000732210	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:	CARRIER NAME: Alliance Shippers	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:
SHIP TO		Trailer number: CSIZ-36731
Name: Kohls Dist. Center - #00865	Location #: 00865	Seal number(s): 44369550
Address: Mamakating (Wurtsboro) D.C.	SCAC: ANSH	
3440 State Route 209, 00865	Pro Number: N/A	
City/State/Zip: Wurtsboro, NY 12790		
CID#: 844525631	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		
City/State/Zip:		
SPECIAL INSTRUCTIONS:	Prepaid:	Collect: X
Load #: 844525631	3rd Party:	
Packing List is Attached	<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
	(check box)	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14208645 Dept#: 211	127	1528.63	Y N	
Grand Total	127	1528.63		

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
5	Pallet			250.00		Pallet		
		127	ctns	1528.63		Comforters, Bedspreads	49017	200
5		127		1778.63		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

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 6806780 Order Date: 09/20/2022 Customer: KOHLS DIST. CENTER - #00865 Customer PO No.: 14208645

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 09/28/2022 Shipment No.: 300073221
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3221	086569676825	K Logan Comforter Set	EA	1	34	34	34	34
N/A	KL10-3332	022164103540	Q Jeanie 6pcs Comforter Set An	EA	1	47	47	47	47
N/A	KL10-3333	022164103557	K Jeanie 6pcs Comforter Set An	EA	1	46	46	46	46

Total Weight:	1528.63
Total Quantity Ordered:	127
Total Cartons Ordered:	127
Total Quantity Shipped:	127
Total Cartons Shipped:	127

Order No.: 6806777 Order Date: 09/20/2022 Customer: KOHLS DIST. CENTER - #00840 Customer PO No.: 14208645

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 09/28/2022 Shipment No.: 300073218
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3221	086569676825	K Logan Comforter Set	EA	1	33	33	33	33
N/A	KL10-3332	022164103540	Q Jeanie 6pcs Comforter Set An	EA	1	20	20	20	20
N/A	KL10-3333	022164103557	K Jeanie 6pcs Comforter Set An	EA	1	24	24	24	24

Total Weight:	957.22
Total Quantity Ordered:	77
Total Cartons Ordered:	77
Total Quantity Shipped:	77
Total Cartons Shipped:	77

Date: 9/28/2022 8:30:59 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00840 Location #: 00840
Address:	221 Hanson Way	Address:	2015 NE Jefferson Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840
SID#:		CID#:	844525631
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000732180		Trailer number: CSIZ-36731	
		Seal number(s): 44369550	
(402)06757163000732180		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
SPECIAL INSTRUCTIONS: Load #: 844525631		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14208645 Dept#: 211	77	957.22	Y	N	
Grand Total	77	957.22			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		77	ctns	957.22		Comforters, Bedspreads	49017	200
3		77		1107.22		Grand Total		

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

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

per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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


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

Appt Time:
In:
Out:
Driver Signature:

Date: 9/28/2022 8:31:03 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000732203	
Name:	E & E COMPANY LTD	 (402)06757163000732203	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohls Dist. Center - #00860	Location #:	00860
Address:	1600 North Business 45	Responsible Acct.No:	
	Corsicana D.C., 00860	Trailer number: CSIZ-36731	
City/State/Zip:	Corsicana, TX 75110	Seal number(s): 44369550	
CID#:	844525631	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: ANSH	
Name:		Pro Number: N/A	
Address:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip:		Prepaid:	Collect: X 3rd Party:
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 844525631			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14208645 Dept#: 211	26	318.71	Y	N	
Grand Total	26	318.71			

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		
		26	ctns	318.71		Comforters, Bedspreads	49017	200
1		26		368.71		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 6806779 Order Date: 09/20/2022 Customer: KOHLS DIST. CENTER - #00860 Customer PO No.: 14208645

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

KOHL'S, INC. (STORE)
N56 W17000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WI 53051
US

SHIP TO:

KOHL'S DIST. CENTER - #00860
1600 NORTH BUSINESS 45
CORSICANA D.C.
CORSICANA, TX 75110
US

Shipping Date:

09/28/2022

Shipment No.:

300073220

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3221	086569676825	K Logan Comforter Set	EA	1	11	11	11	11
N/A	KL10-3332	022164103540	Q Jeanie 6pcs Comforter Set An	EA	1	10	10	10	10
N/A	KL10-3333	022164103557	K Jeanie 6pcs Comforter Set An	EA	1	5	5	5	5

Total Weight: 318.71
 Total Quantity Ordered: 26
 Total Cartons Ordered: 26
 Total Quantity Shipped: 26
 Total Cartons Shipped: 26

Date: 9/28/2022 8:31:03 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000732203



(402)06757163000732203

SHIP TO

Name: Kohls Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 844525631 FOB:

CARRIER NAME: Alliance Shippers
 Responsible Acct.No: _____
 Trailer number: CSIZ-36731
 Seal number(s): 44369550

SCAC: ANSH
Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 844525631
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14208645 Dept#: 211	26	318.71	Y	N	
Grand Total	26	318.71			

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		
		26	ctns	318.71		Comforters, Bedspreads	49017	200
1		26		368.71		Grand Total		

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

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

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

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

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

Shipper Signature

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

Trailer Loaded: **Freight Counted:**


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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Appt Time:
 In:
 Out:
 Driver Signature:

Appt Time:
 In:
 Out:
 Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000732227	
Name: E & E COMPANY LTD		 (402)06757163000732227	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: CSIZ-36731	
VENDOR: 000074879		Seal number(s): 44369550	
SHIP TO		SCAC: ANSH	
Name: Kohls Dist. Center - #00875		Pro Number: N/A	
Address: 3030 Airport Road East			
City/State/Zip: Macon D.C., 00875			
CID#: 844525631			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 844525631 Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14208645 Dept#: 211	65	802.44	Y	N	
Grand Total	65	802.44			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and 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
3	Pallet			150.00		Pallet		
		65	ctns	802.44		Comforters, Bedspreads	49017	200
3		65		952.44		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

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

Order No.: 6806781 Order Date: 09/20/2022 Customer: KOHLS DIST. CENTER - #00875 Customer PO No.: 14208645

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
KOHL'S, INC. (STORE)
N56 W17000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WI 53051
US

SHIP TO:
KOHLS DIST. CENTER - #00875
3030 AIRPORT ROAD EAST
MACON D.C.
MACON, GA 31216
US

Shipping Date:
09/28/2022

Shipment No.:
300073222


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3220	086569676818	Q Logan Comforter Set	EA	1	11	11	11	11
N/A	KL10-3221	086569676825	K Logan Comforter Set	EA	1	22	22	22	22
N/A	KL10-3332	022164103540	Q Jeanie 6pcs Comforter Set An	EA	1	18	18	18	18
N/A	KL10-3333	022164103557	K Jeanie 6pcs Comforter Set An	EA	1	14	14	14	14

Total Weight: 802.44
Total Quantity Ordered: 65
Total Cartons Ordered: 65
Total Quantity Shipped: 65
Total Cartons Shipped: 65

Date: 9/28/2022 8:31:07 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000732227	
Name:	E & E COMPANY LTD	 (402)06757163000732227	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		Trailer number: CSIZ-36731	
Name:	Kohls Dist. Center - #00875	Location #:	00875
Address:	3030 Airport Road East		
	Macon D.C., 00875		
City/State/Zip:	Macon, GA 31216		
CID#:	844525631	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Seal number(s): 44369550	
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:	Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:		
City/State/Zip:	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
SPECIAL INSTRUCTIONS:			
Load #: 844525631			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14208645 Dept#: 211	65	802.44	Y	N	
Grand Total	65	802.44			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and 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
3	Pallet			150.00		Pallet		
		65	ctns	802.44		Comforters, Bedspreads	49017	200
3		65		952.44		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:


Out:

Driver Signature:

Date: 9/28/2022 8:31:11 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00830
Address:	221 Hanson Way	Address:	300 Admiral Byrd Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Winchester, VA 22602
SID#:		CID#:	844525631
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000732173		Trailer number: CSIZ-36731	
		Seal number(s): 44369550	
(402)06757163000732173		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached	
Load #: 844525631		(check box) underlying Bills of Lading	
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14208645 Dept#: 211	87	1063.74	Y	N	
Grand Total	87	1063.74			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		87	ctns	1063.74		Comforters, Bedspreads	49017	200
4		87		1263.74		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable: **NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 6806776 Order Date: 09/20/2022 Customer: KOHLS DIST. CENTER - #00830 Customer PO No.: 14208645

SHIP FROM:
 E & E COMPANY LTD
 221 HANSON WAY
 WOODLAND, CA 95776

BILL TO:
 KOHL'S, INC. (STORE)
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

SHIP TO:
 KOHLS DIST. CENTER - #00830
 300 ADMIRAL BYRD DRIVE
 WINCHESTER D. C.
 WINCHESTER, VA 22602
 US

Shipping Date:
 09/28/2022

Shipment No.:
 300073217


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3221	086569676825	K Logan Comforter Set	EA	1	27	27	27	27
N/A	KL10-3332	022164103540	Q Jeanie 6pcs Comforter Set An	EA	1	24	24	24	24
N/A	KL10-3333	022164103557	K Jeanie 6pcs Comforter Set An	EA	1	36	36	36	36

Total Weight: 1063.74
Total Quantity Ordered: 87
Total Cartons Ordered: 87
Total Quantity Shipped: 87
Total Cartons Shipped: 87

Date: 9/28/2022 8:31:11 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00830 Location #: 00830
Address:	221 Hanson Way	Address:	300 Admiral Byrd Drive Winchester D. C., 00830
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Winchester, VA 22602
SID#:		CID#:	844525631
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000732173		Trailer number: CSIZ-36731	
		Seal number(s): 44369550	
(402)06757163000732173		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 844525631			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14208645 Dept#: 211	87	1063.74	Y	N	
Grand Total	87	1063.74			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		87	ctns	1063.74		Comforters, Bedspreads	49017	200
4		87		1263.74		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Date: 9/28/2022 8:31:16 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000732487	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohls	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	CSIZ-36731
		Seal number(s):	44369550
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	ANSH
SID#:		Pro Number:	N/A
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
ME# 844525631		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#		ADDITIONAL SHIPPER INFO	
							DC#	Supplier#	
14208645	Dept#: 211	117	1443.52	Y	N	06757163000732166	00810		
14208645	Dept#: 211	87	1063.74	Y	N	06757163000732173	00830		
14208645	Dept#: 211	77	957.22	Y	N	06757163000732180	00840		
14208645	Dept#: 211	46	569.12	Y	N	06757163000732197	00855		
14208645	Dept#: 211	26	318.71	Y	N	06757163000732203	00860		
14208645	Dept#: 211	127	1528.63	Y	N	06757163000732210	00865		
14208645	Dept#: 211	65	802.44	Y	N	06757163000732227	00875		
Grand Total		545	6683.38						

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 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
23	Pallet			1150.00		Pallet		70	
		545	ctns	6683.38		Comforters, Bedspreads	49017	200	

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

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

Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
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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.

