

LINE	DATE	AMOUNT	REF/DEBIT NO.	DEBIT	CREDIT	DISC.	AMT.	NET AMOUNT	DUPLICATE
797	2019-01-21	4635136	019057	14,327.37	0.00	0.00	14,327.37	0	
797	2019-01-21	4635138	019057	1,785.04	0.00	0.00	1,785.04	0	
797	2019-01-21	4635137	019057	5,303.91	0.00	0.00	5,303.91	0	
701	2019-02-27	701-NCF-0084166	AT-0103939	-500.00	0.00	0.00	-500.00	0	
701	2019-02-27	701-NCF-0084160	AT-0103939	-500.00	0.00	0.00	-500.00	0	
701	2019-02-27	701-NCF-0084159	AT-0103939	-500.00	0.00	0.00	-500.00	0	
092	2019-02-04	701-5450149	AT-0118351	-4,090.56	0.00	0.00	-4,090.56	0	
092	2019-02-04	701-5450237	CALL DIV 092 855-574-2228	-3,514.00	0.00	0.00	-3,514.00	0	
092	2019-02-04	701-5450154	CALL DIV 092 855-574-2228	-7,000.00	0.00	0.00	-7,000.00	0	

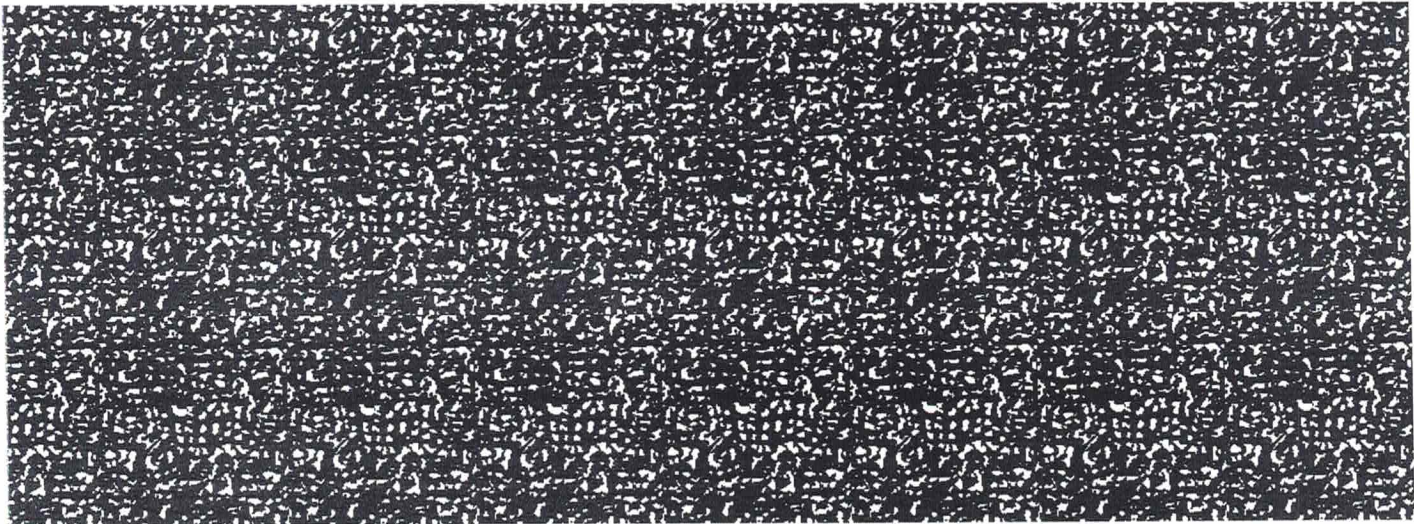
**ENTERED**

ENTERED MAR 11 2019

701	FRED MEYER								
TELEPHONE	PAYEE NO.	DATE	BANK	CHECK NO.	TOTALS				
855-574-2228	10316750	MARCH	01, 2019	22 7001442	5,311.76	0.00	0.00	5,311.76	

L615

**HIGHLY SATISFIED CUSTOMERS MADE THIS CHECK POSSIBLE**  
 To Remove Document Fold and Tear Along This Perforation





REMIT: PO BOX 31001-1337  
PASADENA, CA 91110-1337

Invoice# **701-NCF-0084159**  
When remitting refer to this invoice  
number

Terms: Net Cash  
Period: 01  
Date: 02/26/2019

E & E CO LTD  
45875 NORTHPORT LOOP EAST  
FREMONT , CA 945380000

PAY TO #: 10316750

ME#: 10316704

Amount: 500.00

Late Shipment.

DIRECT ALL INQUIRIES TO: [fmnonfoodpayables@kroger.com](mailto:fmnonfoodpayables@kroger.com)

Please include your Vendor Name in the subject line of your email.

USERID: KM56589

For Office Use Only

437 40-6040 000 PO#:96126375 Dept:83 Class:940 Loc: ( 500.00)

437 02-2320 000 PO#: Dept:0 Class:0 Loc:0 500.00

PO21M01

FRED MEYER

Vendor .....	10316704	E & E CO LTD DBA JLA MATTRESS PADS	
Order number .....	96126375	PO type .....	ME MERCHANDISE
Order status .....	ON OPEN ORDER	Confirmation N	EDI ..... Y
Order source .....	RM REPLENISHMENT	PO Disc/Chrg type..	
Import .....	N	PO Disc/Chrg pct ..	
		PO Disc/Chrg amt ..	
Payment terms .....	416 + NET 30	FOB point	FOB SHIP POINT
Freight PP COL ...	CO PP Qlfr		0
Effective terms ..	ROG RECEIPT OF GOODS	Cancel Vend Pre-ticket	N
Order date .....	02/11/19	Ship date .....	02/11/19
Order proc time .....	7 Days	Ship PO complete .....	Y
Rsc Instr .....			
Transit time .....	3 Days		
Earliest arrival date ..	02/21/19		
Cancel date .....	02/18/19		
Last arrival date .....	02/21/19	Created by .....	POB0025


Command	_____	Action	_____		
F1=Help		F5=Clear		F6=Mdse Spec	F10=Cmnt
F12=Cancel		F15=Menu			F11=Summary



Date: 2/20/2019 11:26:47 AM

# Bill Of Lading

Page 2 of 2

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 PHONE: (530)669-5991 VENDOR: 10316700	Bill of Lading Number: 06757163000300419  (402)06757163000300419		
Name: Fred Meyer Stores Address: Chehalis RSC DC - Home/HCC 224 Maurin Rd., 0079088094461 City/State/Zip: Chehalis, WA 98532-8716 CID#: _____ Dept: 0083	Location #: 00790880944 61 Responsible Acct.No: Trailer number: 136134 Seal number(s): 22413603 SCAC: MKET Pro Number:		
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: Address: City/State/Zip:	
SPECIAL INSTRUCTIONS: Load #: MKET 2606608 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 underlying Bills of Lading Appointment Time: AM/PM Actual Driver Arrival Time: AM/PM Driver Departure Time: AM/PM	

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
		120	ctns	759.67		Throws,Blankets	49040	150
9		936		5894.64		<b>Grand Total</b>		

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.