

KOHL'S COUNT SHEET

01/21/19

Item No.	UPC	Total Qty Ordered	Case Pack
KL20-2582	086569102720	34	2
KL20-2583	086569102737	20	2
KL20-2584	086569102744	56	2
KL20-2585	086569102751	20	2
KL20-2586	086569102768	20	2
KL20-2587	086569102775	20	2
KL20-2588	086569102782	56	2
KL20-2589	086569102799	20	2
KL20-2590	086569102805	20	2
KL20-2591	086569102812	20	2
KL20-2592	086569102829	56	2
KL20-2593	086569102836	20	2
KL20-2594	086569102843	20	2
KL20-2595	086569102850	20	2
KL20-2596	086569102867	56	2
KL20-2597	086569102874	20	2
KL20-2598	086569102881	20	2
KL20-2599	086569102898	20	2
KL20-2600	086569102904	56	2
KL20-2601	086569102928	20	2

KOHLS COUNT SHEET

01/21/19

KL20-2602	086569102935	36	2
KL20-2603	086569102959	36	2
KL20-2604	086569102973	88	2
KL20-2605	086569102980	36	2
KL20-2606	086569103000	36	2
KL20-2607	086569103024	36	2
KL20-2608	086569103048	88	2
KL20-2609	086569103062	36	2
KL20-2610	086569103086	36	2
KL20-2611	086569103109	36	2
KL20-2612	086569103123	86	2
KL20-2613	086569103130	36	2
KL20-2614	086569103147	36	2
KL20-2615	086569103154	36	2
KL20-2616	086569103161	88	2
KL20-2617	086569103178	36	2
KL20-2618	086569103185	36	2
KL20-2619	086569103192	36	2
KL20-2620	086569103208	88	2
KL20-2621	086569103215	36	2
TOTAL ORDERED		1572	

KOHL - Pick List

JAN 21 2019

Date: 2019-01-16 Time: 6:53 AM  
 E&E SO No. Min.: 4885632 Max.: 4885648  
 Total Orders: 17 Total Item Qty: 1572  
 Pick List Creation Status: Completed  
 Pick list Total Ctns/Batch Total Ctns: 786/786  
 Limited None Ship To:



B201901151521001FC1

Item No.	Item Desc	Revision	Revision Desc	Kit Item No.	Order Qty	Loc.	Bin Loc.	Case Pack Qty	Cartons to Pick
KL20-2582	T Lodge Stripe Sheet Set				34	LVM	8-G-15-A	2	17
KL20-2583	F Lodge Stripe Sheet Set				20	LVM	7-L-06-A	2	10
KL20-2584	Q Lodge Stripe Sheet Set				56	LVM	7-M-05-E	2	28
KL20-2585	K Lodge Stripe Sheet Set				20	LVM	8-F-20-A	2	10
KL20-2586	T Lodge Plaid Sheet Set				20	LVM	7-N-09-D	2	10
KL20-2587	F Lodge Plaid Sheet Set				20	LVM	8-F-48-A	2	10
KL20-2588	Q Lodge Plaid Sheet Set				56	LVM	8-F-26-C	2	28
KL20-2589	K Lodge Plaid Sheet Set				20	LVM	7-N-24-C	2	10
KL20-2590	T Woodland Plaid Sheet Set				20	LVM	8-G-06-A	2	10
KL20-2591	F Woodland Plaid Sheet Set				20	LVM	7-N-12-D	2	10
KL20-2592	Q Woodland Plaid Sheet Set				56	LVM	8-F-17-B	2	28
KL20-2593	K Woodland Plaid Sheet Set				20	LVM	8-F-04-A	2	10
KL20-2594	T Cabin in the Woods Sheet Set				20	LVM	7-M-23-C	2	10
KL20-2595	F Cabin in the Woods Sheet Set				20	LVM	7-M-15-C	2	10
KL20-2596	Q Cabin in the Woods Sheet Set				56	LVM	8-F-05-D	2	28
KL20-2597	K Cabin in the Woods Sheet Set				20	LVM	7-L-44-A	2	10
KL20-2598	T Lodge Diamond Sheet Set				12	LVM	8-G-04-A	2	6
KL20-2598	T Lodge Diamond Sheet Set				8	LVM	8-G-04-C	2	4
KL20-2599	F Lodge Diamond Sheet Set				20	LVM	7-P-20-E	2	10
KL20-2600	Q Lodge Diamond Sheet Set				56	LVM	7-N-20-C	2	28
KL20-2601	K Lodge Diamond Sheet Set				18	LVM	7-L-46-A	2	9
KL20-2601	K Lodge Diamond Sheet Set				2	LVM	6-K-08-C	2	1
KL20-2602	T Starfish Sheet Set				36	LVM	7-N-21-C	2	18
KL20-2603	F Starfish Sheet Set				36	LVM	8-G-13-B	2	18
KL20-2604	Q Starfish Sheet Set				88	LVM	7-M-03-C	2	44
KL20-2605	K Starfish Sheet Set				36	LVM	8-F-22-B	2	18
KL20-2606	T Seaside Sheet Set				36	LVM	7-N-19-C	2	18
KL20-2607	F Seaside Sheet Set				36	LVM	7-N-14-C	2	18
KL20-2608	Q Seaside Sheet Set				88	LVM	8-F-32-A	2	44
KL20-2609	K Seaside Sheet Set				36	LVM	8-F-20-B	2	18
KL20-2610	T Anchors Sheet Set				36	LVM	8-G-13-A	2	18
KL20-2611	F Anchors Sheet Set				36	LVM	8-F-17-A	2	18
KL20-2612	Q Anchors Sheet Set				4	LVM	7-M-18-D	2	2
KL20-2612	Q Anchors Sheet Set				82	LVM	8-F-59-A	2	41
KL20-2613	K Anchors Sheet Set				36	LVM	8-F-29-B	2	18
KL20-2614	T Coastal Stripe Sheet Set				36	LVM	4-Y-02-F	2	18
KL20-2615	F Coastal Stripe Sheet Set				36	LVM	8-G-09-A	2	18
KL20-2616	Q Coastal Stripe Sheet Set				88	LVM	7-N-07-E	2	44
KL20-2617	K Coastal Stripe Sheet Set				36	LVM	8-F-13-B	2	18
KL20-2618	T Nautical Knots Sheet Set				36	LVM	8-F-40-A	2	18

**KOHL - Pick List**

Date: 2019-01-16 Time: 6:53 AM  
 E&E SO No. Min.: 4885632 Max.: 4885648  
 Total Orders: 17 Total Item Qty: 1572  
 Pick List Creation Status: Completed  
 Pick list Total Ctns/Batch Total Ctns: 786/786  
 Limited None Ship To:



B201901151521001FC1

Item No.	Item Desc	Revision	Revision Desc	Kit Item No.	Order Qty	Loc.	Bin Loc.	Case Pack Qty	Cartons to Pick
KL20-2619	F Nautical Knots Sheet Set				30	LVM	7-N-15-C	2	15
KL20-2619	F Nautical Knots Sheet Set				2	LVM	8-G-75-D	2	1
KL20-2619	F Nautical Knots Sheet Set				4	LVM	8-N-10-A	2	2
KL20-2620	Q Nautical Knots Sheet Set				88	LVM	8-F-56-A	2	44
KL20-2621	K Nautical Knots Sheet Set				32	LVM	8-F-30-B	2	16
KL20-2621	K Nautical Knots Sheet Set				4	LVM	8-M-28-A	2	2

KOHL'S EXPORT SHEET

01/21/19-01/26/19

PO NOS.	Cancel After Date	ORDER#	Ship To	UNITS	WEIGHT	Routing Cube	CTNS	Pallet Count
11926348	01/26/2019	4885632	00810	56	206	16.10	28	1.00
11926651	01/26/2019	4885641	00810	124	441	35.13	62	1.00
			<b>00810 Total</b>	<b>180</b>	<b>647</b>	<b>51.23</b>	<b>90</b>	<b>2.00</b>
11926348	01/26/2019	4885633	00830	144	509	40.46	72	1.00
11926651	01/26/2019	4885642	00830	26	95	7.37	13	1.00
			<b>00830 Total</b>	<b>170</b>	<b>605</b>	<b>47.83</b>	<b>85</b>	<b>2.00</b>
11926348	01/26/2019	4885634	00840	6	19	1.58	3	1.00
11926651	01/26/2019	4885643	00840	106	377	29.88	53	1.00
			<b>00840 Total</b>	<b>112</b>	<b>396</b>	<b>31.46</b>	<b>56</b>	<b>2.00</b>
11926348	01/26/2019	4885635	00855	104	358	28.68	52	1.00
11926651	01/26/2019	4885644	00855	28	99	7.82	14	1.00
			<b>00855 Total</b>	<b>132</b>	<b>457</b>	<b>36.50</b>	<b>66</b>	<b>2.00</b>
11926348	01/26/2019	4885636	00860	62	220	17.48	31	1.00
			<b>00860 Total</b>	<b>62</b>	<b>220</b>	<b>17.48</b>	<b>31</b>	<b>1.00</b>
11926348	01/26/2019	4885637	00865	128	447	35.43	64	1.00
11926651	01/26/2019	4885645	00865	36	132	10.43	18	1.00
			<b>00865 Total</b>	<b>164</b>	<b>580</b>	<b>45.86</b>	<b>82</b>	<b>2.00</b>
11926348	01/26/2019	4885638	00875	456	1,633	129.49	228	2.00
11926651	01/26/2019	4885646	00875	20	72	5.74	10	1.00
			<b>00875 Total</b>	<b>476</b>	<b>1,705</b>	<b>135.23</b>	<b>238</b>	<b>3.00</b>
11926348	01/26/2019	4885639	00885	20	74	5.74	10	1.00
11926651	01/26/2019	4885647	00885	8	32	2.40	4	1.00
			<b>00885 Total</b>	<b>28</b>	<b>106</b>	<b>8.14</b>	<b>14</b>	<b>2.00</b>
11926348	01/26/2019	4885640	00890	2	5	0.46	1	1.00
11926651	01/26/2019	4885648	00890	246	851	68.21	123	1.00
			<b>00890 Total</b>	<b>248</b>	<b>856</b>	<b>68.67</b>	<b>124</b>	<b>2.00</b>
			<b>Grand Total</b>	<b>1,572</b>	<b>5,572</b>	<b>442.40</b>	<b>786</b>	<b>18.00</b>

Date: 1/23/2019 12:54:06 PM

# Master Bill Of Lading

**SHIP FROM**

Name: **E & E COMPANY LTD**  
 Address: **400 Longfellow Ct**  
 City/State/Zip: **Livermore, CA 94550**  
 SID#: \_\_\_\_\_ FOB:

Master Bill of Lading Number: **06757161141908921**

**SHIP TO**

Name: **Kohl's** DC#: **XDSFS**  
 Div. \_\_\_\_\_  
 Address: **X-DOCK PERFORMANCE TEAM BLDG 6**  
**12816 SHOEMAKER AVE, XDSFS**  
 City/State/Zip: **SANTA FE SPRINGS, CA 90670**  
 SID#: \_\_\_\_\_ FOB:

CARRIER NAME: **Performance Team**

Trailer number: **Ihs218179**  
 Seal number(s): **9146541**

SCAC: **GLTN**  
 Pro Number: \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

(check box) MASTER BILL OF LANDING: WITH ATTACHED  
 UNDERLYING BILLS OF LANDING

**SPECIAL INSTRUCTIONS:**

ME# 782929170  
 ME#782929170

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1:30 AM	1:50 PM	1:22 AM

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
11926348 Dept#: 011	3	19.36	Y N	06757161141908877	00840	
11926348 Dept#: 011	28	206.06	Y N	06757161141908891	00810	
11926651 Dept#: 011	123	850.86	Y N	06757161141908785	00890	
11926348 Dept#: 011	228	1633.46	Y N	06757161141908815	00875	
11926651 Dept#: 011	13	95.15	Y N	06757161141908884	00830	
11926348 Dept#: 011	1	5.13	Y N	06757161141908785	00890	
11926651 Dept#: 011	10	71.79	Y N	06757161141908815	00875	
11926651 Dept#: 011	53	376.52	Y N	06757161141908877	00840	
11926651 Dept#: 011	62	441.37	Y N	06757161141908891	00810	
11926651 Dept#: 011	18	132.41	Y N	06757161141908822	00865	
11926651 Dept#: 011	4	31.85	Y N	06757161141908808	00885	
11926348 Dept#: 011	31	220.22	Y N	06757161141908846	00860	
11926348 Dept#: 011	52	357.90	Y N	06757161141908860	00855	

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

**COD Amount \$** \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

**SHIPPER SIGNATURE / DATE**

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

*[Signature]* 1-23-19

**Trailer Loaded:**  By Shipper  By Driver

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

**CARRIER SIGNATURE / PICKUP DATE**

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

*[Signature]* 1/23/19

Date: 1/23/2019 12:54:06 PM

# Master Bill Of Lading

Address:  
City/State:  
SID#:  
Name:  
Address:  
City/State:  
SPT  
MI  
MI


<b>SHIP FROM</b>		Master Bill of Lading Number: 06757161141908921	
Name:	E & E COMPANY LTD		
Address:	400 Longfellow Ct		
City/State/Zip:	Livermore, CA 94550		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Performance Team	
Name:	Kohl's	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	lhs218179
		Seal number(s):	9146541
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	GLTN
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
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	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
ME# 782929170		AM	AM
ME#782929170		PM	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#
11926651	Dept#: 011	14	98.76	Y	N	06757161141908860	00855
11926348	Dept#: 011	72	509.47	Y	N	06757161141908884	00830
11926348	Dept#: 011	10	74.25	Y	N	06757161141908808	00885
11926348	Dept#: 011	64	447.28	Y	N	06757161141908822	00865
<b>Grand Total</b>		786	5571.84				

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 368</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
786	ctns			5571.84		Pillows,Valance,Towels	49390	100		
786				5571.84		<b>Grand Total</b>				

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 \$

<b>SHIP FROM</b> Name: E & E COMPANY LTD Address: 400 Longfellow Ct City/State/Zip: Livermore, CA 94550 ID#: _____ PHONE: _____ VENDOR: 000074879      FOB: <input type="checkbox"/>		Bill of Lading Number: 06757161141908860  (402)06757161141908860
<b>SHIP TO</b> Name: Kohl's Dist. Center - #00855      Location #: 00855 Address: 890 East Mill Street San Bernardino D.C., 00855 City/State/Zip: San Bernardino, CA 92408-1614 CID#: 782929170      FOB: <input type="checkbox"/>		CARRIER NAME: Performance Team Responsible Acct.No: _____ Trailer number: lhs218179 Seal number(s): 9146541 SCAC: GLTN Pro Number: _____
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____      Collect: <input checked="" type="checkbox"/> 3rd Party: _____
SPECIAL INSTRUCTIONS: ME#782929170 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
11926651      Dept#: 011	14	98.76	Y	N	
11926348      Dept#: 011	52	357.90	Y	N	
<b>Grand Total</b>	<b>66</b>	<b>456.66</b>			

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
66	ctns			456.66		Pillows, Valance, Towels	49390	100
66				456.66		<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: <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

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

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 400 Longfellow Ct  
 City/State/Zip: Livermore, CA 94550  
 SID#:  
 PHONE:  
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757161141908891



(402)06757161141908891

**SHIP TO**

Name: Kohl's Dist. Center - #00810 Location #: 00810  
 Address: 7855 County Road 140  
 Findlay D.C., 00810  
 City/State/Zip: Findlay, OH 45840  
 CID#: 782929170 FOB:

**CARRIER NAME:** Performance Team  
 Responsible Acct.No:  
 Trailer number: lhs218179  
 Seal number(s): 9146541

**SCAC:** GLTN  
**Pro Number:**

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:  
 City/State/Zip:

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

Prepaid: Collect: **X** 3rd Party:

**SPECIAL INSTRUCTIONS:**  
 ME#782929170  
 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
11926348 Dept#: 011	28	206.06	Y	N	
11926651 Dept#: 011	62	441.37	Y	N	
<b>Grand Total</b>	<b>90</b>	<b>647.43</b>			

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
90	ctns			647.43		Pillows,Valance,Towels	49390	100
90				647.43		<b>Grand Total</b>		

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 "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:

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 400 Longfellow Ct  
 City/State/Zip: Livermore, CA 94550  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: 000074879

Bill of Lading Number: 06757161141908884



(402)06757161141908884

**SHIP TO**

Name: Kohl's Dist. Center - #00830 Location #: 00830  
 Address: 300 Admiral Byrd Drive  
 Winchester D. C., 00830  
 City/State/Zip: Winchester, VA 22602  
 CID#: 782929170

CARRIER NAME: Performance Team  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: lhs218179  
 Seal number(s): 9146541

SCAC: GLTN  
 Pro Number: \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid: \_\_\_\_\_ Collect: **X** 3rd Party: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
 ME#782929170  
 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
11926348 Dept#: 011	72	509.47	Y	N	
11926651 Dept#: 011	13	95.15	Y	N	
<b>Grand Total</b>	<b>85</b>	<b>604.62</b>			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
85	ctns			604.62		Pillows,Valance,Towels	49390	100
85				604.62		<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 sold to contain  By Driver/Pieces

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

\_\_\_\_\_  
 Shipper Signature


Appt Time:  
 In:  
 Out:  
 Driver Signature:

\_\_\_\_\_  
 Carrier Signature

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 400 Longfellow Ct  
 City/State/Zip: Livermore, CA 94550  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: 000074879

Bill of Lading Number: 06757161141908877



(402)06757161141908877

**SHIP TO**

Name: Kohl's Dist. Center - #00840 Location #: 00840  
 Address: 2015 NE Jefferson Street  
 Blue Spring (Grain Valley) D.C.,  
 City/State/Zip: 00840  
 Grain Valley, MO 64029  
 CID#: 782929170

CARRIER NAME: Performance Team  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: lhs218179  
 Seal number(s): 9146541

SCAC: GLTN  
 Pro Number: \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid: \_\_\_\_\_ Collect: **X** 3rd Party: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
 ME#782929170  
 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
11926348 Dept#: 011	3	19.36	Y	N	
11926651 Dept#: 011	53	376.52	Y	N	
<b>Grand Total</b>	<b>56</b>	<b>395.88</b>			

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
56	ctns			395.88		Pillows,Valance,Towels	49390	100
56				395.88		<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.

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

Appt Time: \_\_\_\_\_  
 In: \_\_\_\_\_  
 Out: \_\_\_\_\_  
 Driver Signature: \_\_\_\_\_

Date: 1/23/2019 12:51:31 PM

# Bill Of Lading

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 400 Longfellow Ct  
 City/State/Zip: Livermore, CA 94550  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: 000074879      FOB:

Bill of Lading Number: 06757161141908822



(402)06757161141908822

**SHIP TO**

Name: Kohl's Dist. Center - #00865      Location #: 00865  
 Address: Mamakating (Wurtsboro) D.C.  
 3440 State Route 209, 00865  
 City/State/Zip: Wurtsboro, NY 12790  
 CID#: 782929170      FOB:

**CARRIER NAME:** Performance Team  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: lhs218179  
 Seal number(s): 9146541

**SCAC:** GLTN  
**Pro Number:** \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid: \_\_\_\_\_      Collect:       3rd Party: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**  
 ME#782929170  
 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
11926651      Dept#: 011	18	132.41	Y      N	
11926348      Dept#: 011	64	447.28	Y      N	
<b>Grand Total</b>	<b>82</b>	<b>579.69</b>		

**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				NMFC #	CLASS
82	ctns		579.69		Pillows,Valance,Towels	49390	100
82			579.69		<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:**      **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: \_\_\_\_\_

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 400 Longfellow Ct  
 City/State/Zip: Livermore, CA 94550  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: 000074879

Bill of Lading Number: 06757161141908808



CARRIER NAME: Performance Team  
 Responsible Acct.No: \_\_\_\_\_

**SHIP TO**

Name: Kohl's Dist. Center - #00885 Location #: 00885  
 Address: 2065 Keystone Pacific Parkway  
 Patterson D.C., 00885  
 City/State/Zip: Patterson, CA 95363  
 CID#: 782929170

Trailer number: lns218179  
 Seal number(s): 9146541

SCAC: GLTN  
 Pro Number: \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid: \_\_\_\_\_ Collect: **X** 3rd Party: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
 ME#782929170  
 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
11926348 Dept#: 011	10	74.25	Y	N	
11926651 Dept#: 011	4	31.85	Y	N	
<b>Grand Total</b>	14	106.10			

**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
14	ctns			106.10		Pillows,Valance,Towels	49390	100
14				106.10		<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.  
 Property described above is received in good order, except as noted.

Appt Time:  
 In:  
 Out:  
 Driver Signature:

Date: 1/23/2019 12:50:56 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohi's Dist. Center - #00890 Location #: 00890
Address:	400 Longfellow Ct	Address:	4300 MBL Drive
City/State/Zip:	Livermore, CA 94550	City/State/Zip:	Ottawa D.C., 00890
SID#:		City/State/Zip:	Ottawa, IL 61350
PHONE:		CID#:	782929170
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757161141908785		Trailer number: lhs218179	
		Seal number(s): 9146541	
(402)06757161141908785		SCAC: GLTN	
CARRIER NAME: Performance Team		Pro Number:	
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:	Address:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: ME#782929170 Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
11926348 Dept#: 011	1	5.13	Y N	
11926651 Dept#: 011	123	850.86	Y N	
<b>Grand Total</b>	<b>124</b>	<b>855.99</b>		

## 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
124	ctns			855.99		Pillows,Valance,Towels	49390	100
124				855.99		<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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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.  <b>Shipper Signature</b> _____
<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces
	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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:

Date: 1/23/2019 12:50:46 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757161141908846	
Name:	E & E COMPANY LTD	 (402)06757161141908846	
Address:	400 Longfellow Ct		
City/State/Zip:	Livermore, CA 94550		
SID#:			
PHONE:		CARRIER NAME: Performance Team	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:	
SHIP TO		Trailer number: lns218179	
Name:	Kohl's Dist. Center - #00860      Location #: 00860	Seal number(s): 9146541	
Address:	1600 North Business 45	SCAC: GLTN	
	Corsicana D.C., 00860	Pro Number:	
City/State/Zip:	Corsicana, TX 75110		
CID#:	782929170      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:			
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading	
SPECIAL INSTRUCTIONS: ME#782929170 Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
11926348      Dept#: 011	31	220.22	Y      N	
<b>Grand Total</b>	<b>31</b>	<b>220.22</b>		

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(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
31	ctns			220.22		Pillows,Valance,Towels	49390	100
31				220.22		<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.

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

Appt Time:

In:


Out:

Driver Signature:

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 400 Longfellow Ct  
 City/State/Zip: Livermore, CA 94550  
 SID#:  
 PHONE:  
 VENDOR: 000074879      FOB:

Bill of Lading Number: 06757161141908815



(402)06757161141908815

**CARRIER NAME:** Performance Team  
 Responsible Acct.No:  
 Trailer number: lhs218179  
 Seal number(s): 9146541

**SCAC:** GLTN  
**Pro Number:**

**SHIP TO**

Name: Kohl's Dist. Center - #00875      Location #: 00875  
 Address: 3030 Airport Road East  
 Macon D.C., 00875  
 City/State/Zip: Macon, GA 31216  
 CID#: 782929170      FOB:

**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:**  
 ME#782929170  
 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
11926348      Dept#: 011	228	1633.46	Y      N	
11926651      Dept#: 011	10	71.79	Y      N	
<b>Grand Total</b>	238	1705.25		

**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				NMFC #	CLASS
238	ctns		1705.25		Pillows,Valance,Towels	49390	100
238			1705.25		<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:**      **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:

# PALLET SUMMARY

\*

CUSTOMER Kohl's

PLANNED SHIP DATE 1-21-19

DATE	DC	PO#	PALLET	VERIFY	CARTON COUNT	VERIFY
18-19	810	11926348	1	✓	28	✓
18-19	830	11926348	1	✓	72	✓
18-19	840	11926348	1	✓	3	✓
18-19	855	11926348	1	✓	52	✓
18-19	860	11926348	1	✓	31	✓

DATE	DC	PO#	PALLET COUNT	VERIFY	CARTON COUNT	VERIFY
1-18-19	865	11926348	1	✓	64	✓
1-18-19	875	11926348	2	✓	106	✓
1-18-19	885	11926348	1	✓	10	✓
1-18-19	890	11926348	1	✓	70	✓

PRODUCTION: Vanessa A

OPS: G.S.

SHIPPING: [Signature]



