

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

<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>		CARRIER NAME: Performance Team						
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: <input type="checkbox"/>							
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:						
Name:								
Address:								
City/State/Zip:								
<b>SPECIAL INSTRUCTIONS:</b>		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>  <input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">1:30 AM <input checked="" type="checkbox"/> PM</td> <td style="text-align: center;">1:50 AM <input checked="" type="checkbox"/> PM</td> <td style="text-align: center;">1:22 AM <input checked="" type="checkbox"/> PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	1:30 AM <input checked="" type="checkbox"/> PM	1:50 AM <input checked="" type="checkbox"/> PM	1:22 AM <input checked="" type="checkbox"/> PM
Appointment Time	Actual Driver Arrival Time		Driver Departure Time					
1:30 AM <input checked="" type="checkbox"/> PM	1:50 AM <input checked="" type="checkbox"/> PM	1:22 AM <input checked="" type="checkbox"/> PM						
ME# 782929170 ME#782929170								

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 _____	<b>COD Amount \$</b>  <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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<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.  1-23-19	<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.  1/23/19
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<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>		CARRIER NAME: Performance Team	
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: <input type="checkbox"/>		Trailer number: lhs218179 Seal number(s): 9146541 SCAC: GLTN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> ME# 782929170 ME#782929170		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time AM _____ PM _____	Actual Driver Arrival 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(e) of NMFC Item 360</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 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> _____ 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.

<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 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.
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