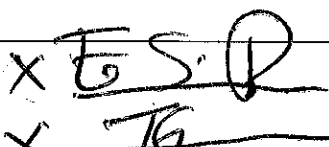


Date: 6/21/2018 11:03:16 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757161118352634	
Name:	E & E COMPANY LTD		
Address:	400 Longfellow Ct		
City/State/Zip:	Livermore, CA 94550		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Performance Team	
Name:	Kohl's	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	lh215047
		Seal number(s):	6873317
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	GLTN
SID#:		Pro Number:	
		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 UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS: ME# 775225681 ME# 775225681		Appointment Time	Actual Driver Arrival Time
		10:00 AM	10:45 AM
			Driver Departure Time
			11:45 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
11495238 / Dept#: 211	29	392.40	Y	N	06757161118352610	00875	
11495238 / Dept#: 211	57	738.80	Y	N	06757161118352627	00810	
11591850 / Dept#: 211	57	781.04	Y	N	06757161118352610	00875	
11591850 / Dept#: 211	58	793.16	Y	N	06757161118352627	00810	
11795220 / Dept#: 464	82	259.42	Y	N	06757161118352610	00875	
11462528 / Dept#: 211	181	2544.05	Y	N	06757161118352610	00875	
11462528 / Dept#: 211	232	3258.28	Y	N	06757161118352627	00810	
11795220 / Dept#: 464	313	1000.22	Y	N	06757161118352627	00810	
Grand Total	1009	9767.37					

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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
614	ctns			8507.73	(X)	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 \$ _____

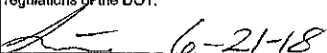

Fee Terms: Collect: Prepaid:

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 / 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.  6-21-18	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.  6.21.18
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