


SHIP FROM		Bill of Lading Number: 06757163000305179
Name: E & E COMPANY LTD - 028372	Address: 221 Hanson Way	 (402)06757163000305179
City/State/Zip: Woodland, CA 95776	SID#: _____	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: Knight Transportation
Name: Bed Bath & Beyond #2680	Location #: STK-VDP	Responsible Acct.No: _____
Address: c/o Gilbert Company 2845 Boeing Way Suite 100, STK-VDP	City/State/Zip: Stockton, CA 95206	Trailer number: 80950
CID#: MVDP5465766	Dept: _____	Seal number(s): 22413824
FOB: <input type="checkbox"/>		SCAC: KNIG
		Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name: Bed Bath & Beyond c/o	Address: Berman Blake Associates	
City/State/Zip: Old Bethpage, NY 11804-9002	PO Box 9202	
Prepaid: <input type="checkbox"/>	Collect: X	3rd Party: _____

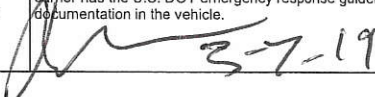
SPECIAL INSTRUCTIONS: BB & B Vendor # : 028372 MVDP5465766	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: 8:00 AM Actual Driver Arrival Time: 7:20 AM Driver Departure Time: 8:10 AM
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CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
EA6F9FS	5	45.93	Y N		
EA5Z3FJ	3	20.43	Y N		
DY8Z3YC	160	483.20	Y N		
EA3U4NK	1	16.09	Y N		
EA3W8PP	144	397.98	Y N		
EA4E9WS	3	12.12	Y N		
EA4F4UX	3	26.21	Y N		
EA4Z3KB	33	122.64	Y N		
EA5X2SJ	9	42.34	Y N		
EA3V2ZB	4	55.87	Y N		
EA4E5VG	3	22.59	Y N		
EA6B7MA	2	10.14	Y N		
EA6C7FB	3	16.09	Y N		

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.
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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 U.S. DOT. <i>Also Mo 3-7-19</i>	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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  3-7-19
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SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000305179

 (402)06757163000305179

SHIP TO
 Name: Bed Bath & Beyond #2680 Location #: STK-VDP
 Address: c/o Gilbert Company
 2845 Boeing Way Suite 100, STK-VDP
 City/State/Zip: Stockton, CA 95206
 CID#: MVDP5465766 FOB:
 Dept: _____

CARRIER NAME: Knight Transportation
 Responsible Acct.No: _____
 Trailer number: 80950
 Seal number(s): 22413824

SCAC: KNIG
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: _____ Collect: **X** 3rd Party: _____

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 028372
 MVDP5465766

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time _____ AM Actual Driver Arrival Time _____ AM Driver Departure Time _____ AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
EA6C7FX	9	39.62	Y	N	
EA3A6CN	5	37.65	Y	N	
EA3H9SD	1	16.09	Y	N	
EA4G4LP	2	32.18	Y	N	
EA4J3XD	2	33.94	Y	N	
EA4N7DU	1	16.09	Y	N	
EA5Z3FP	9	36.30	Y	N	
EA6L3ZP	1	3.41	Y	N	
DZ5A5LJ	201	1904.42	Y	N	
EA4A3QD	1	17.85	Y	N	
EA4A9GD	1	1.37	Y	N	
EA6L9KW	1	5.07	Y	N	
EA3T6XD	3	12.53	Y	N	

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 U.S. DOT.

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

SHIPPER SIGNATURE
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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000305179

 (402)06757163000305179

SHIP TO
 Name: Bed Bath & Beyond #2680 Location #: STK-VDP
 Address: c/o Gilbert Company
 2845 Boeing Way Suite 100, STK-VDP
 City/State/Zip: Stockton, CA 95206
 CID#: MVDP5465766 FOB:
 Dept: _____

CARRIER NAME: Knight Transportation
 Responsible Acct.No:
 Trailer number: 80950
 Seal number(s): 22413824

SCAC: KNIG
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: _____ Collect: **X** 3rd Party: _____

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 028372
 MVDP5465766

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time _____ AM Actual Driver Arrival Time _____ AM Driver Departure Time _____ AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
EA4E5WK	9	67.37	Y	N	
EA6C6YQ	1	5.07	Y	N	
EA6G7VM	2	13.62	Y	N	
EA6G7VW	10	37.40	Y	N	
EA6N2FB	12	41.42	Y	N	
EA6N5UM	7	19.59	Y	N	
DY3G9XK	4	17.60	Y	N	
EA3R7RK	462	1808.12	Y	N	
EA4B7CE	1	3.41	Y	N	
EA6H6GN	1	3.99	Y	N	
EA6L9CM	3	12.24	Y	N	
EA4C2RL	1	17.85	Y	N	
EA4E3MV	1	13.00	Y	N	

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.

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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 U.S. DOT.

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

SHIPPER SIGNATURE _____
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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Date: 3/7/2019 7:54:36 AM

Bill Of Lading

Page 4 of 5

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD - 028372	Name:	Bed Bath & Beyond #2680	Name:	Bed Bath & Beyond c/o
Address:	221 Hanson Way	Location #:	STK-VDP	Address:	Berman Blake Associates
City/State/Zip:	Woodland, CA 95776				PO Box 9202
SID#:		FOB: <input type="checkbox"/>		City/State/Zip:	Old Bethpage, NY 11804-9002
				SPECIAL INSTRUCTIONS: BB & B Vendor # : 028372 MVDP5465766	
				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
				Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
				Appointment Time AM Actual Driver Arrival Time AM Driver Departure Time AM	

Bill of Lading Number: 06757163000305179



(402)06757163000305179

CARRIER NAME: Knight Transportation

Responsible Acct.No:

Trailer number: 80950

Seal number(s): 22413824

SCAC: KNIG

Pro Number:

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
EA6B6YJ	2	7.98	Y	N	
EA6C7FD	10	38.49	Y	N	
EA6M9WJ	1	5.07	Y	N	
EA4E4YS	7	42.38	Y	N	
EA4Y7HT	3	30.34	Y	N	
EA6F6ZA	12	41.05	Y	N	
EA6F6ZJ	6	25.34	Y	N	
EA6M2NV	3	6.57	Y	N	
EA6M5LA	14	54.42	Y	N	
EA4G4RB	3	21.09	Y	N	
EA6K8QR	8	25.88	Y	N	
Grand Total	1193	5787.44			

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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).**

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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 U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
	_____ Shipper Signature		

SHIP FROM		Bill of Lading Number: 06757163000305179	
Name: E & E COMPANY LTD - 028372 Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		 (402)06757163000305179	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Bed Bath & Beyond #2680 Location #: STK-VDP Address: c/o Gilbert Company 2845 Boeing Way Suite 100, STK-VDP City/State/Zip: Stockton, CA 95206 CID#: MVDP5465766 FOB: <input type="checkbox"/> Dept: _____		Responsible Acct.No: Trailer number: 80950 Seal number(s): 22413824	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: KNIG	
Name: Bed Bath & Beyond c/o Address: Berman Blake Associates PO Box 9202 City/State/Zip: Old Bethpage, NY 11804-9002		Pro Number:	
SPECIAL INSTRUCTIONS: BB & B Vendor # : 028372 MVDP5465766		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____ (check box) Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time AM	Actual Driver Arrival Time AM
		Driver Departure Time AM	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	CUBE	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
9	Pallet			450.00		Pallet	150390.4	70
		153	ctns	1894.34		Comforters, Bedspreads	49017	200
		844	ctns	3260.83		Pillows,Valance,Towels	49390	100
		12	ctns	58.76		Rugs	70970-5	125
		184	ctns	573.51		Shower curtain	49385	77.5
9		1193		6237.44		Grand Total		

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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 U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.