


SHIP FROM		Bill of Lading Number: 06757163000305025
Name: E & E COMPANY LTD - 028372	Address: 221 Hanson Way	 (402)06757163000305025
City/State/Zip: Woodland, CA 95776	SID#: _____	
FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: Hub Group
Name: Bed Bath & Beyond #2666	Location #: PHL-VDP	Responsible Acct.No: _____
Address: c/o International Distribution Group 1808 River Rd., PHL-VDP	City/State/Zip: Burlington, NJ 08016	Trailer number: HGIU650679
CID#: MVDP5465731	Dept: _____	Seal number(s): 22413560
FOB: <input type="checkbox"/>		SCAC: HUBG
		Pro Number: N/A

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	

SPECIAL INSTRUCTIONS: BB & B Vendor # : 028372 MVDP5465731	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	Appointment Time: 9:00 AM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
EA3C6LP	1	17.85	Y N		
EA3L9RS	2	41.00	Y N		
EA5W2ZJ	3	15.21	Y N		
EA5W6BW	6	19.68	Y N		
EA6C3DY	3	15.65	Y N		
EA6E6RY	3	16.53	Y N		
EA2K2ES	2	23.69	Y N		
EA3V3TC	2	13.62	Y N		
EA4K3JS	3	62.81	Y N		
EA5R3MG	1	5.07	Y N		
EA5X9VR	5	17.57	Y N		
EA6K9ND	1	11.28	Y N		
EA6M2TS	6	21.43	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>Ulp 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
SHIPPER SIGNATURE 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. <i>Tina [Signature] 03/07/19</i>		

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

Bill of Lading Number: 06757163000305025

 (402)06757163000305025

SHIP TO
 Name: Bed Bath & Beyond #2666 Location #: PHL-VDP
 Address: c/o International Distribution Group
 1808 River Rd., PHL-VDP
 City/State/Zip: Burlington, NJ 08016
 CID#: MVDP5465731 FOB:
 Dept: _____

CARRIER NAME: Hub Group
 Responsible Acct.No:
 Trailer number: HGIU650679
 Seal number(s): 22413560

SCAC: HUBG
Pro Number: N/A

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
 MVDP5465731

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
EA3J6LB	1	16.09	Y	N	
EA5M8SB	11	40.09	Y	N	
EA5S9TQ	14	83.50	Y	N	
EA5Y9RA	1	5.07	Y	N	
EA6C5XN	2	11.02	Y	N	
EA2J6DN	1	2.42	Y	N	
EA5B7JP	10	115.38	Y	N	
EA5R6SC	11	44.59	Y	N	
EA5W6QF	2	13.62	Y	N	
EA5X9XE	3	15.21	Y	N	
EA6B5QZ	2	11.02	Y	N	
EA6C3EA	5	19.14	Y	N	
EA6C5YD	2	6.82	Y	N	

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COD Amount: _____
Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

Shipper Signature

Date: 3/7/2019 8:08:50 AM

Bill Of Lading

Page 3 of 7

SHIP FROM

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

FOB:

Bill of Lading Number: 06757163000305025



SHIP TO

Name: Bed Bath & Beyond #2666 Location #: PHL-VDP
 Address: c/o International Distribution Group
 1808 River Rd., PHL-VDP
 City/State/Zip: Burlington, NJ 08016
 CID#: MVDP5465731
 Dept:

FOB:

CARRIER NAME: Hub Group

Responsible Acct.No:

Trailer number: HGIU650679

Seal number(s): 22413560

SCAC: HUBG

Pro Number: N/A

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:

Master Bill of Lading: with attached
 (check box) underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM

SPECIAL INSTRUCTIONS:

BB & B Vendor # : 028372
 MVDP5465731

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
EA5W7JA	4	27.24	Y	N	
EA6A4TK	12	49.94	Y	N	
EA6B5RD	8	29.44	Y	N	
EA3A5BT	81	116.03	Y	N	
EA3K3AK	2	2.92	Y	N	
EA5Y2AT	1	5.51	Y	N	
EA5Z3EA	7	32.17	Y	N	
EA6H6ZJ	3	15.65	Y	N	
EA6H6ZV	2	6.82	Y	N	
DZ5A5LJ	127	1186.59	Y	N	
EA5W4MX	2	10.14	Y	N	
EA5Y2CH	21	106.15	Y	N	
EA5Y5LL	5	19.42	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:

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Shipper Signature

SHIPPER SIGNATURE / DATE

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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 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: 06757163000305025

 (402)06757163000305025

SHIP TO
 Name: Bed Bath & Beyond #2666 Location #: PHL-VDP
 Address: c/o International Distribution Group
 1808 River Rd., PHL-VDP
 City/State/Zip: Burlington, NJ 08016
 CID#: MVDP5465731 FOB:
 Dept: _____

CARRIER NAME: Hub Group
 Responsible Acct.No:
 Trailer number: HGIU650679
 Seal number(s): 22413560
SCAC: HUBG
Pro Number: N/A

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: _____
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 028372
 MVDP5465731

Appointment Time AM	Actual Driver Arrival Time AM	Driver Departure Time AM
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CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
EA5Z3DK	11	34.14	Y	N	
EA6N5WD	8	48.90	Y	N	
DY8Z3YC	144	434.88	Y	N	
EA3W8PP	154	417.84	Y	N	
EA5X9VZ	11	34.11	Y	N	
EA5Y6KG	4	14.76	Y	N	
EA5Y9RN	2	8.63	Y	N	
EA3R7RK	485	2016.46	Y	N	
EA3V3RY	4	28.63	Y	N	
EA5R6BH	2	7.60	Y	N	
EA5W3SL	9	41.49	Y	N	
DZ4S7PM	1	23.58	Y	N	
EA3A6AK	2	6.91	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 8:08:50 AM

Bill Of Lading

Page 5 of 7

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD - 028372	Name:	Bed Bath & Beyond #2666	Name:	Bed Bath & Beyond c/o
Address:	221 Hanson Way	Location #:	PHL-VDP	Address:	Berman Blake Associates
City/State/Zip:	Woodland, CA 95776	Address:	c/o International Distribution Group 1808 River Rd., PHL-VDP	Address:	PO Box 9202
SID#:		City/State/Zip:	Burlington, NJ 08016	City/State/Zip:	Old Bethpage, NY 11804-9002
	FOB: <input type="checkbox"/>	CID#:	MVDP5465731		
		Dept:			
Bill of Lading Number: 06757163000305025		CARRIER NAME: Hub Group		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Responsible Acct.No:		Prepaid: <input type="checkbox"/>	
(402)06757163000305025		Trailer number: HGIU650679		Collect: X	
		Seal number(s): 22413560		3rd Party:	
		SCAC: HUBG		Master Bill of Lading: with attached	
		Pro Number: N/A		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time		Actual Driver Arrival Time	
BB & B Vendor # : 028372		AM		AM	
MVDP5465731				Driver Departure Time	
				AM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
EA3J6YT	3	22.41	Y	N	
EA4G3QH	2	3.38	Y	N	
EA4R3JJ	1	6.81	Y	N	
EA5P8UC	2	6.79	Y	N	
EA5X9HL	2	10.14	Y	N	
EA6C3JM	10	40.77	Y	N	
EA6C5YP	2	11.02	Y	N	
EA6E6SH	3	9.59	Y	N	
EA4R3FN	2	7.04	Y	N	
EA5A7WX	1	2.20	Y	N	
EA5T6PF	8	38.29	Y	N	
EA5W6AR	1	5.07	Y	N	
EA6A4UB	3	13.11	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).

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Shipper Signature

SHIPPER SIGNATURE / DATE

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

Date: 3/7/2019 8:08:50 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000305025



SHIP TO

Name: Bed Bath & Beyond #2666 Location #: PHL-VDP
 Address: c/o International Distribution Group
 1808 River Rd., PHL-VDP
 City/State/Zip: Burlington, NJ 08016
 CID#: MVDP5465731 FOB:
 Dept: _____

CARRIER NAME: Hub Group

Responsible Acct.No: _____

Trailer number: HGIU650679

Seal number(s): 22413560

SCAC: HUBG

Pro Number: N/A

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: 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading (check box)

SPECIAL INSTRUCTIONS:

BB & B Vendor # : 028372
 MVDP5465731

Appointment Time AM	Actual Driver Arrival Time AM	Driver Departure Time AM
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CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
EA6M2TV	1	5.51	Y	N	
EA2B3TV	11	64.85	Y	N	
EA3M3QQ	2	29.09	Y	N	
EA4H8RQ	1	2.42	Y	N	
EA5T6EG	1	5.07	Y	N	
EA5X6UY	8	28.41	Y	N	
EA5Y6ZM	13	38.04	Y	N	
Grand Total	1292	5741.32			

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
		102	ctns	1293.11		Comforters, Bedspreads	49017	200

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COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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Shipper Signature

SHIPPER SIGNATURE / DATE

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Trailer Loaded:


By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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SHIP FROM		Bill of Lading Number: 06757163000305025	
Name: E & E COMPANY LTD - 028372 Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		 (402)06757163000305025	
SHIP TO		CARRIER NAME: Hub Group	
Name: Bed Bath & Beyond #2666 Location #: PHL-VDP Address: c/o International DistributionGroup 1808 River Rd., PHL-VDP City/State/Zip: Burlington, NJ 08016 CID#: MVDP5465731 Dept: _____ FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: HGIU650679 Seal number(s): 22413560	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HUBG	
Name: Bed Bath & Beyond c/o Address: Berman Blake Associates PO Box 9202 City/State/Zip: Old Bethpage, NY 11804-9002		Pro Number: N/A	
SPECIAL INSTRUCTIONS: BB & B Vendor # : 028372 MVDP5465731		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) 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
		11	ctns	126.66		Framed Goods	76580 Sub 5	125
		955	ctns	3543.43		Pillows,Valance,Towels	49390	100
		29	ctns	141.83		Rugs	70970-5	125
		195	ctns	636.29		Shower curtain	49385	77.5
9		1292		6191.32		Grand Total		

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COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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