

KOHL'S EXPORT SHEET

03/18/19

	PO NOS.	ORDER#	Ship To	UNITS	WEIGHT	Routing Cube	CTNS	Pallet Count
✓ TRUCK A	12075812	4944852	00810	432	1,624	290.84	170	4.00
	12123373	4945423	00810	676	9,370	3,104.76	676	35.00
			<b>00810 Total</b>	<b>1,108</b>	<b>10,994</b>	<b>3,395.60</b>	<b>846</b>	<b>39.00</b>
✓ TRUCK B	12123380	4945432	00810	183	2,467	837.46	183	10.00
	12123387	4945441	00810	218	2,883	1,114.89	218	13.00
	12123395	4945450	00810	87	1,135	449.60	87	5.00
	12124260	4944861	00810	336	3,158	781.55	336	9.00
	12157982	4945459	00810	35	396	129.33	35	2.00
			<b>00810 Total</b>	<b>859</b>	<b>10,039</b>	<b>3,312.83</b>	<b>859</b>	<b>39.00</b>
✓ TRUCK A	12123373	4945424	00830	498	6,906	2,292.74	498	26.00
	12123387	4945442	00830	155	2,060	793.97	155	9.00
	12123395	4945451	00830	48	626	247.96	48	3.00
	12157982	4945460	00830	18	202	65.69	18	1.00
			<b>00830 Total</b>	<b>719</b>	<b>9,794</b>	<b>3,400.36</b>	<b>719</b>	<b>39.00</b>
TRUCK B	12075812	4944853	00830	362	1,298	231.75	140	3.00
	12123380	4945433	00830	116	1,564	530.10	116	6.00
	12124260	4944862	00830	246	2,331	575.25	246	7.00
			<b>00830 Total</b>	<b>724</b>	<b>5,192</b>	<b>1,337.10</b>	<b>502</b>	<b>16.00</b>
✓ TRUCK A	12123373	4945425	00840	362	5,050	1,674.43	362	19.00
	12123380	4945434	00840	104	1,411	474.29	104	6.00
	12123387	4945443	00840	136	1,803	696.80	136	8.00
	12124260	4944863	00840	270	2,557	628.94	270	7.00
			<b>00840 Total</b>	<b>872</b>	<b>10,821</b>	<b>3,474.46</b>	<b>872</b>	<b>40.00</b>
TRUCK B	12075812	4944854	00840	154	482	86.16	56	1.00
	12123395	4945452	00840	52	685	270.16	52	4.00
	12157982	4945461	00840	26	298	97.75	26	2.00
			<b>00840 Total</b>	<b>232</b>	<b>1,464</b>	<b>454.07</b>	<b>134</b>	<b>7.00</b>
✓ TRUCK A	12075812	4944855	00855	148	570	101.87	60	2.00
	12123373	4945426	00855	473	6,565	2,180.86	473	25.00
	12123380	4945435	00855	121	1,650	558.11	121	7.00
	12123387	4945444	00855	127	1,678	650.53	127	8.00
			<b>00855 Total</b>	<b>869</b>	<b>10,464</b>	<b>3,491.37</b>	<b>781</b>	<b>42.00</b>
TRUCK B	12123395	4945453	00855	35	464	182.57	35	3.00
	12124260	4944864	00855	201	1,926	472.71	201	6.00
	12157982	4945462	00855	11	126	41.24	11	1.00
			<b>00855 Total</b>	<b>247</b>	<b>2,516</b>	<b>696.52</b>	<b>247</b>	<b>10.00</b>
✓ TRUCK A	12123373	4945427	00860	433	6,039	2,014.48	433	23.00
	12123380	4945436	00860	117	1,596	538.25	117	6.00
	12123387	4945445	00860	111	1,484	569.30	111	7.00
	12124260	4944865	00860	130	1,236	305.91	130	4.00
	12157982	4945463	00860	16	186	61.59	16	1.00
			<b>00860 Total</b>	<b>807</b>	<b>10,541</b>	<b>3,489.53</b>	<b>807</b>	<b>41.00</b>
TRUCK B	12075812	4944856	00860	174	700	125.21	71	2.00
	12123395	4945454	00860	46	615	240.97	46	3.00
			<b>00860 Total</b>	<b>220</b>	<b>1,314</b>	<b>366.18</b>	<b>117</b>	<b>5.00</b>
✓ TRUCK A	12123373	4945428	00865	571	7,922	2,639.77	571	30.00
	12123380	4945437	00865	150	2,023	685.33	150	8.00
	12157982	4945464	00865	31	349	114.06	31	2.00
			<b>00865 Total</b>	<b>752</b>	<b>10,295</b>	<b>3,439.16</b>	<b>752</b>	<b>40.00</b>

KOHL'S EXPORT SHEET

03/18/19

	12075812	4944857	00865	486	1,764	315.33	190	4.00
	12123387	4945446	00865	169	2,230	867.47	169	10.00
TRUCK B	12123395	4945455	00865	92	1,201	475.69	92	6.00
	12124260	4944866	00865	260	2,459	596.74	260	7.00
			<b>00865 Total</b>	<b>1,007</b>	<b>7,655</b>	<b>2,255.23</b>	<b>711</b>	<b>27.00</b>
	12123373	4945429	00875	499	6,939	2,309.32	499	26.00
	12123387	4945447	00875	151	2,032	779.16	151	9.00
TRUCK A	12123395	4945456	00875	58	774	303.65	58	4.00
	12124260	4944867	00875	14	124	31.13	14	1.00
	12157982	4945465	00875	17	197	65.16	17	1.00
			<b>00875 Total</b>	<b>739</b>	<b>10,067</b>	<b>3,488.42</b>	<b>739</b>	<b>41.00</b>
	12075812	4944858	00875	164	622	110.55	66	2.00
TRUCK B	12123380	4945438	00875	93	1,277	432.71	93	5.00
			<b>00875 Total</b>	<b>257</b>	<b>1,898</b>	<b>543.26</b>	<b>159</b>	<b>7.00</b>
	12075812	4944859	00885	114	398	71.81	43	1.00
	12123373	4945430	00885	357	4,944	1,639.51	357	19.00
	12123380	4945439	00885	98	1,333	449.98	98	5.00
	12123387	4945448	00885	114	1,525	588.13	114	7.00
	12123395	4945457	00885	38	498	196.97	38	3.00
	12124260	4944868	00885	99	927	228.10	99	3.00
	12157982	4945466	00885	5	56	18.33	5	1.00
			<b>00885 Total</b>	<b>825</b>	<b>9,681</b>	<b>3,192.83</b>	<b>754</b>	<b>39.00</b>
	12123373	4945431	00890	631	8,785	2,914.48	631	33.00
TRUCK A	12123395	4945458	00890	95	1,242	491.65	95	6.00
			<b>00890 Total</b>	<b>726</b>	<b>10,027</b>	<b>3,406.13</b>	<b>726</b>	<b>39.00</b>
	12075812	4944860	00890	242	944	168.58	98	2.00
	12123380	4945440	00890	168	2,272	767.22	168	9.00
	12123387	4945449	00890	219	2,901	1,120.91	219	13.00
TRUCK B	12124260	4944869	00890	291	2,736	671.89	291	8.00
	12157982	4945467	00890	41	469	154.26	41	2.00
			<b>00890 Total</b>	<b>961</b>	<b>9,322</b>	<b>2,882.86</b>	<b>817</b>	<b>34.00</b>
			<b>Grand Total</b>	<b>11,924</b>	<b>132,084</b>	<b>42,625.91</b>	<b>10,542</b>	<b>505.00</b>

SHIP FROM		Master Bill of Lading Number: 06757161146800022	
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:	LHS218169
		Seal number(s):	9668294
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 (check box)	
SPECIAL INSTRUCTIONS: ME# 785070103 ME#785070103		Appointment Time	Actual Driver Arrival Time
		1:30 <sup>AM</sup> <del>PM</del>	1:30 <sup>AM</sup> <del>PM</del>
			Driver Departure Time
			2:37 <sup>AM</sup> <del>PM</del>

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#	
12123395 Dept#: 211	92	1201.28	Y N	06757161146779137	00865		
12075812 Dept#: 611	190	1764.49	Y N	06757161146779137	00865		
12283776 Dept#: 211	191	2319.38	Y N	06757161146779182	00870		
12123387 Dept#: 211	169	2230.00	Y N	06757161146779137	00865		
12124260 Dept#: 611	260	2459.44	Y N	06757161146779137	00865		
<b>Grand Total</b>	<b>902</b>	<b>9974.59</b>					

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	
902	ctns			9974.59		Comforters, Bedspreads	49017	200	
902				9974.59		<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"/>	


**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. <i>[Signature]</i> 3-20-19	<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. <i>[Signature]</i> 3/20/19
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<b>SHIP FROM</b>		Bill of Lading Number: 06757161146779182	
Name: E & E COMPANY LTD		 (402)06757161146779182	
Address: 400 Longfellow Ct			
City/State/Zip: Livermore, CA 94550		CARRIER NAME: Performance Team	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: LHS218169	
VENDOR: 000074879		Seal number(s): 9668294	
<b>SHIP TO</b>		SCAC: GLTN	
Name: Kohl's Fulfillment Ctr 870      Location #: 00870		Pro Number:	
Address: 3500 Salzman Road		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Monroe (Middletown) F.C., 00870			
City/State/Zip: Middletown, OH 45044-9401			
CID#: 785070103      FOB: <input type="checkbox"/>		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<input type="checkbox"/> Master Bill of Lading: with attached (check box)      underlying Bills of Lading	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: ME#785070103 Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12283776      Dept#: 211	191	2319.38	Y      N	
<b>Grand Total</b>	191	2319.38		

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
191	ctns			2319.38		Comforters, Bedspreads	49017	200
191				2319.38		<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 _____ 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.  <div style="text-align: right;"> <b>Shipper Signature</b>                  _____             </div>
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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.	<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. <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757161146792723	
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 City/State/Zip: SANTA FE SPRINGS, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: LH870470 Seal number(s): 9668296 SCAC: GLTN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> ME# 785079662 ME#785079662		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
		Appointment Time 11:30 <sup>AM</sup> PM	Actual Driver Arrival Time 11:30 <sup>AM</sup> PM

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO		Supplier#
						DC#		
12283776	Dept#: 211	91	1136.22	Y	N	06757161146779205	00806	
12123380	Dept#: 211	116	1563.66	Y	N	06757161146779229	00830	
12123395	Dept#: 211	35	464.24	Y	N	06757161146779236	00855	
12075812	Dept#: 611	140	1297.61	Y	N	06757161146779229	00830	
12283776	Dept#: 211	150	1881.89	Y	N	06757161146779212	00816	
12124260	Dept#: 611	246	2330.93	Y	N	06757161146779229	00830	
12124260	Dept#: 611	201	1925.82	Y	N	06757161146779236	00855	
12157982	Dept#: 211	11	125.62	Y	N	06757161146779236	00855	
<b>Grand Total</b>		990	10725.99					

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.
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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. 3-20-19	<b>Trailer Loaded: Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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. 03/20/19
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Date: 3/20/2019 12:04:26 PM

## Master Bill Of Lading

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SHIP FROM				SHIP TO					
Name: E & E COMPANY LTD				Name: Kohl's					
Address: 400 Longfellow Ct				DC#: XDSFS Div.					
City/State/Zip: Livermore, CA 94550				Address: X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS					
SID#: _____ FOB: <input type="checkbox"/>				City/State/Zip: SANTA FE SPRINGS, CA 90670					
SID#: _____ FOB: <input type="checkbox"/>				SID#: _____ FOB: <input type="checkbox"/>					
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms:					
Name: _____				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>					
Address: _____				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING					
City/State/Zip: _____				Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
SPECIAL INSTRUCTIONS:				AM		AM		AM	
ME# 785079662				PM		PM		PM	
ME#785079662									
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	
990	ctns			10725.99		Comforters, Bedspreads	49017	200	
990				10725.99		<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

\_\_\_\_\_ 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.

**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: 06757161146779236



**CARRIER NAME:** Performance Team

Responsible Acct.No: \_\_\_\_\_

**SHIP TO**

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#: 785079662      FOB:

Trailer number: LH870470

Seal number(s): 9668296

**SCAC:** GLTN

**Pro Number:** \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

**SPECIAL INSTRUCTIONS:**  
 ME#785079662  
 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
12157982      Dept#: 211	11	125.62	Y	N	
12124260      Dept#: 611	201	1925.82	Y	N	
12123395      Dept#: 211	35	464.24	Y	N	
<b>Grand Total</b>	<b>247</b>	<b>2515.68</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
247	ctns			2515.68		Comforters, Bedspreads	49017	200
247				2515.68		<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: 06757161146779229  
  
 (402)06757161146779229

**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#: 785079662      FOB:

**CARRIER NAME:** Performance Team  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: LH870470  
 Seal number(s): 9668296

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

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

**SPECIAL INSTRUCTIONS:**  
 ME#785079662  
 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
12075812      Dept#: 611	140	1297.61	Y      N	
12123380      Dept#: 211	116	1563.66	Y      N	
12124260      Dept#: 611	246	2330.93	Y      N	
<b>Grand Total</b>	502	5192.20		

**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
502	ctns			5192.20		Comforters, Bedspreads	49017	200
502				5192.20		<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 \_\_\_\_\_ 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: \_\_\_\_\_

Date: 3/20/2019 12:09:21 PM

**Bill Of Lading**

Page 1 of 1

**SHIP FROM**

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

FOB: **SHIP TO**

Name: Kohl's Dist. Center - #00816 Location #: 00816  
 Address: 1701 Trimble Avenue  
 Edgewood-EC, 00816  
 City/State/Zip: Edgewood, MD 21040  
 CID#: 785079662

FOB: **THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:  
 ME#785079662  
 Packing List is Attached

Bill of Lading Number: 06757161146779212



(402)06757161146779212

**CARRIER NAME:** Performance Team

Responsible Acct.No:

Trailer number: LH870470

Seal number(s): 9668296

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

**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

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12283776 Dept#: 211	150	1881.89	Y	N	
<b>Grand Total</b>	150	1881.89			

**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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
150	ctns			1881.89		Comforters, Bedspreads	49017	200
150				1881.89		<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

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:

<b>SHIP FROM</b>		Bill of Lading Number: 06757161146779205	
Name: E & E COMPANY LTD		 (402)06757161146779205	
Address: 400 Longfellow Ct			
City/State/Zip: Livermore, CA 94550		CARRIER NAME: Performance Team	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: LH870470	
VENDOR: 000074879		Seal number(s): 9668296	
FOB: <input type="checkbox"/>		SCAC: GLTN	
<b>SHIP TO</b>		Pro Number:	
Name: Kohl's Dist. Center - #00806		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 825 East Central Avenue			
City/State/Zip: San Bernardino, CA 92408-2413		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
CID#: 785079662		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: ME#785079662 Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12283776 Dept#: 211	91	1136.22	Y N	
<b>Grand Total</b>	91	1136.22		


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
91	ctns			1136.22		Comforters, Bedspreads	49017	200
91				1136.22		<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 _____	<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.  <div style="text-align: right;"><b>Shipper Signature</b></div>
--	---

<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.  Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

<b>SHIP FROM</b>		Bill of Lading Number: 06757161146933454	
Name: E & E COMPANY LTD		 (402)06757161146933454	
Address: 400 Longfellow Ct			
City/State/Zip: Livermore, CA 94550		CARRIER NAME: Schneider National	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: SNLU196265	
VENDOR: 000074879		Seal number(s): 9668261	
<b>SHIP TO</b>		SCAC: SCNX	
Name: Kohl's Dist. Center - #00875      Location #: 00875		Pro Number:	
Address: 3030 Airport Road East		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Macon D.C., 00875			
City/State/Zip: Macon, GA 31216			
CID#: 784998950      FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		Prepaid:                      Collect: <b>X</b> 3rd Party:	
Address:			
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box)      underlying Bills of Lading	
SPECIAL INSTRUCTIONS: ME#784998950 Packing List is Attached			

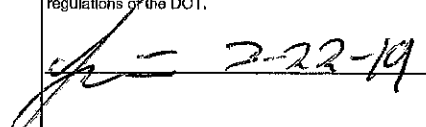

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12157982      Dept#: 211	17	197.24	Y      N		
12123395      Dept#: 211	58	774.24	Y      N		
12123373      Dept#: 211	499	6939.20	Y      N		
12123387      Dept#: 211	151	2031.86	Y      N		
12124260      Dept#: 611	14	124.24	Y      N		
<b>Grand Total</b>		739	10066.78		

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
739	ctns			10066.78		Comforters, Bedspreads	49017	200
739				10066.78		<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.  <div style="text-align: right;">Shipper Signature</div>
--	--

<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.  Property described above is received in good order, except as noted.  Appt Time: 12:30 PM      3-22-2019 In: 12:30 PM Out: 1:41 PM Driver Signature: 
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Date: 3/20/2019 9:25:23 AM

## Master Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757161146781413	
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:	L8216051
		Seal number(s):	9668299
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	GLTN
SID#:	FOB: <input type="checkbox"/>	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# 785079670		9:00 AM	9:00 AM
ME# 785079670			9:30 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
12075812	Dept#: 611	56	482.01	Y	N	06757161146779045	00840
12157982	Dept#: 211	26	297.52	Y	N	06757161146779045	00840
12123395	Dept#: 211	52	684.80	Y	N	06757161146779045	00840
12075812	Dept#: 611	71	699.52	Y	N	06757161146779052	00860
12123395	Dept#: 211	46	614.72	Y	N	06757161146779052	00860
<b>Grand Total</b>		251	2778.57				

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 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
251	ctns			2778.57		Comforters, Bedspreads	49017	200
251				2778.57		<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 \_\_\_\_\_ 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.

*[Signature]* 3-20-19

*[Signature]* 3/20/19

<b>SHIP FROM</b>		Bill of Lading Number: 06757161146779052	
Name: E & E COMPANY LTD		 (402)06757161146779052	
Address: 400 Longfellow Ct			
City/State/Zip: Livermore, CA 94550			
SID#:			
PHONE:		<b>CARRIER NAME:</b> Performance Team	
VENDOR: 000074879		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: L8216051	
Name: Kohl's Dist. Center - #00860      Location #: 00860		Seal number(s): 9668299	
Address: 1600 North Business 45		<b>SCAC:</b> GLTN	
City/State/Zip: Corsicana D.C., 00860		<b>Pro Number:</b>	
CID#: 785079670			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Address:			
City/State/Zip:		<b>Prepaid:</b> <b>Collect: X</b> <b>3rd Party:</b>	
SPECIAL INSTRUCTIONS: ME#785079670 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
12075812	Dept#: 611	71	699.52	Y	N	
12123395	Dept#: 211	46	614.72	Y	N	
<b>Grand Total</b>		117	1314.24			

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
117	ctns			1314.24		Comforters, Bedspreads	49017	200
117				1314.24		<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> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>
---	---

**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.  <div style="text-align: right;">_____ <b>Shipper Signature</b></div>
--	---

<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.  Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Date: 3/20/2019 9:26:19 AM

**Bill Of Lading**

Page 1 of 1

**SHIP FROM**

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

FOB: **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#: 785079670

FOB: **THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:  
 ME#785079670  
 Packing List is Attached

Bill of Lading Number: 06757161146779045



CARRIER NAME: Performance Team

Responsible Acct.No:

Trailer number: L8216051

Seal number(s): 9668299

SCAC: GLTN

Pro Number:

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

Prepaid:

Collect: X

3rd Party:

(check box)

Master Bill of Lading: with attached  
 underlying Bills of Lading

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12123395 Dept#: 211	52	684.80	Y	N	
12157982 Dept#: 211	26	297.52	Y	N	
12075812 Dept#: 611	56	482.01	Y	N	
<b>Grand Total</b>	<b>134</b>	<b>1464.33</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
134	ctns			1464.33		Comforters, Bedspreads	49017	200
134				1464.33		<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

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: 3/19/2019 2:28:57 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: 06757161146688002  
  
 (402)06757161146688002

**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#: 784998936      FOB:

**CARRIER NAME:** Hub Group  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 638822  
 Seal number(s): 9668290

**SCAC:** HUBG  
**Pro Number:** \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

**SPECIAL INSTRUCTIONS:**  
 ME#784998936  
 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
12157982      Dept#: 211	18	201.66	Y      N	
12123395      Dept#: 211	48	625.76	Y      N	
12123387      Dept#: 211	155	2060.10	Y      N	
12123373      Dept#: 211	498	6906.05	Y      N	
<b>Grand Total</b>	<b>719</b>	<b>9793.57</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(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
719	ctns			9793.57		Comforters, Bedspreads	49017	200
719				9793.57		<b>Grand Total</b>		

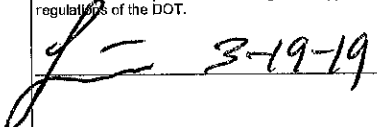
Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

**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.  
 3-19-19

**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: 12:30 pm  
 In: 2:30 pm  
 Out: 3:15 pm  
 Driver Signature:  03/19/19

SHIP FROM		Bill of Lading Number: 06757161146933508
Name: E & E COMPANY LTD		 (402)06757161146933508
Address: 400 Longfellow Ct		
City/State/Zip: Livermore, CA 94550		
SID#:		
PHONE:		

VENDOR: 000074879	FOB: <input type="checkbox"/>	<b>CARRIER NAME:</b> Performance Team
		Responsible Acct.No:
		Trailer number: LHS218140
		Seal number(s): 9668262
		<b>SCAC:</b> GLTN
		<b>Pro Number:</b>

SHIP TO	
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#: 784998938	FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>
Name:		
Address:		
City/State/Zip:		<b>Prepaid:</b> <b>Collect: X</b> <b>3rd Party:</b>
<b>SPECIAL INSTRUCTIONS:</b> ME#784998938 Packing List is Attached	<input type="checkbox"/> (check box)	Master Bill of Lading: with attached underlying Bills of Lading

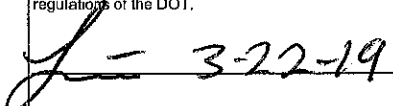
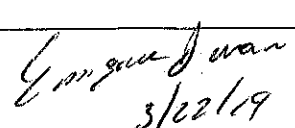
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12123387	Dept#: 211	127	1678.28	Y	N
12123380	Dept#: 211	121	1650.44	Y	N
12075812	Dept#: 611	60	569.76	Y	N
12123373	Dept#: 211	473	6565.10	Y	N
<b>Grand Total</b>		781	10463.58		


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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
781	ctns			10463.58		Comforters, Bedspreads	49017	200
781				10463.58		<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> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>
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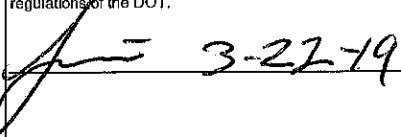
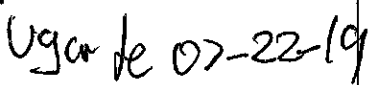
**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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.  <div style="text-align:right"><b>Shipper Signature</b></div>
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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.   3-22-19	<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. Property described above is received in good order, except as noted.  Appt Time: 10:00 In: 12:40 Out: 2:17pm Driver Signature:  3/22/19
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<b>SHIP FROM</b>		Bill of Lading Number: 06757161146913371	
Name: E & E COMPANY LTD		 (402)06757161146913371	
Address: 400 Longfellow Ct			
City/State/Zip: Livermore, CA 94550		CARRIER NAME: KOHL BACKHAUL	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: G14479	
VENDOR: 000074879		Seal number(s): 9668283	
<b>SHIP TO</b>		SCAC: 885G	
Name: Kohl's Dist. Center - #00885      Location #: 00885		Pro Number:	
Address: 2065 Keystone Pacific Parkway		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Patterson D.C., 00885			
City/State/Zip: Patterson, CA 95363			
CID#: 784998433		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: ME#784998433 Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12123373      Dept#: 211	357	4944.25	Y      N		
12123395      Dept#: 211	38	498.40	Y      N		
12075812      Dept#: 611	43	398.34	Y      N		
12123387      Dept#: 211	114	1524.68	Y      N		
12123380      Dept#: 211	98	1332.63	Y      N		
12124260      Dept#: 611	99	926.92	Y      N		
12157982      Dept#: 211	5	56.20	Y      N		
<b>Grand Total</b>	<b>754</b>	<b>9681.42</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.  <div style="text-align: right; border-top: 1px solid black; padding-top: 5px;"> <b>Shipper Signature</b> </div>		
<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.  	<table border="0" style="width:100%;"> <tr> <td style="width: 50%;"> <b>Trailer Loaded:</b>  <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver                 </td> <td style="width: 50%;"> <b>Freight Counted:</b>  <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces                 </td> </tr> </table>	<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>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: 8:00AM In: 8:00AM Out: 8:40AM Driver Signature: 			



<b>SHIP FROM</b>		Bill of Lading Number: 06757161146848420
Name: E & E COMPANY LTD		 (402)06757161146848420
Address: 400 Longfellow Ct		
City/State/Zip: Livermore, CA 94550		
SID#:		
PHONE:		
VENDOR: 000074879	FOB: <input type="checkbox"/>	<b>CARRIER NAME:</b> Alliance Shippers
		Responsible Acct.No:

<b>SHIP TO</b>		Trailer number: UMXU889652
Name: Kohl's Dist. Center - #00890	Location #: 00890	Seal number(s): 9668281
Address: 4300 MBL Drive		<b>SCAC:</b> ANSH
Ottawa D.C., 00890		<b>Pro Number:</b>
City/State/Zip: Ottawa, IL 61350		
CID#: 784998944	FOB: <input type="checkbox"/>	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:		
Address:		
City/State/Zip:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:

<b>SPECIAL INSTRUCTIONS:</b> ME#784998944 Packing List is Attached	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
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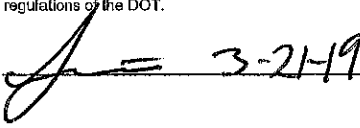
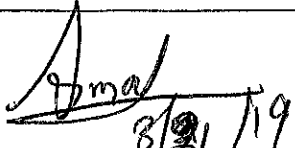
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12123395	Dept#: 211	95	1242.48	Y	N	
12123373	Dept#: 211	631	8784.96	Y	N	
<b>Grand Total</b>		726	10027.44			

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
726	ctns			10027.44		Comforters, Bedspreads	49017	200
726				10027.44		<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 _____ 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.  <div style="text-align: right;"><b>Shipper Signature</b></div>
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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.   3-21-19	<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.  Property described above is received in good order, except as noted.  Appt Time: 12:30 In: 11:00 AM Out: 12:00 AM Driver Signature:  3/21/19
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Date: 3/21/2019 8:35:31 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>	Bill of Lading Number: 06757161146848376
Name: E & E COMPANY LTD	 (402)06757161146848376
Address: 400 Longfellow Ct	
City/State/Zip: Livermore, CA 94550	
SID#:	
PHONE:	<b>CARRIER NAME:</b> Alliance Shippers
VENDOR: 000074879	Responsible Acct.No:
FOB: <input type="checkbox"/>	Trailer number: EMHU277524

<b>SHIP TO</b>	Seal number(s): 9668292
Name: Kohl's Dist. Center - #00810	Location #: 00810
Address: 7855 County Road 140	
Findlay D.C., 00810	
City/State/Zip: Findlay, OH 45840	
CID#: 784998940	FOB: <input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>	<b>SCAC:</b> ANSH <b>Pro Number:</b>
Name:	
Address:	

	<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>
City/State/Zip:	<b>Prepaid:</b> <b>Collect: X</b> <b>3rd Party:</b>

<b>SPECIAL INSTRUCTIONS:</b> ME#784998940 Packing List is Attached	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
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**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12157982    Dept#: 211	35	395.60	Y    N	
12123395    Dept#: 211	87	1134.96	Y    N	
12123387    Dept#: 211	218	2882.62	Y    N	
12123380    Dept#: 211	183	2467.33	Y    N	
12124260    Dept#: 611	336	3158.19	Y    N	
<b>Grand Total</b>	859	10038.70		



**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
859	ctns			10038.70		Comforters, Bedspreads	49017	200
859				10038.70		<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> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/> <b>Customer check acceptable:</b> <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.  <div style="text-align: right;"><b>Shipper Signature</b></div>
--	---

<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.   3-21-19	<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.  Property described above is received in good order, except as noted.  Appt Time: 8:00 AM In: 8:00 Out: 9:30 AM Driver Signature:  3/21/19
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