

KOHLS EXPORT SHEET
03/04/19


	PO NOS.	Cancel After Date	ORDER#	Ship To	UNITS	WEIGHT	Routing Cube	CTNS	Pallet Count
TRUCK A	12123372	03/09/2019	4929433	00810	750	10,387	3,414.01	750	38.00
	12157959	03/09/2019	4929469	00810	19	215	70.27	19	1.00
				00810 Total	769	10,602	3,484.28	769	39.00
TRUCK B	12075002	03/09/2019	4936261	00810	314	1,172	208.91	125	3.00
	12123379	03/09/2019	4929442	00810	227	3,063	1,041.61	227	12.00
	12123386	03/09/2019	4929451	00810	99	1,339	501.80	99	6.00
	12123392	03/09/2019	4929460	00810	100	1,299	506.58	100	6.00
	12124259	03/09/2019	4932979	00810	286	2,711	669.63	286	8.00
			00810 Total	1,026	9,584	2,928.53	837	35.00	
TRUCK A	12075002	03/09/2019	4936262	00830	240	880	157.48	94	2.00
	12123372	03/09/2019	4929434	00830	509	7,056	2,314.50	509	26.00
	12123379	03/09/2019	4929443	00830	117	1,580	539.84	117	6.00
	12124259	03/09/2019	4932980	00830	207	1,952	481.85	207	6.00
			00830 Total	1,073	11,468	3,493.67	927	40.00	
TRUCK B	12123386	03/09/2019	4929452	00830	57	759	285.94	57	4.00
	12123392	03/09/2019	4929461	00830	69	891	347.61	69	4.00
	12157959	03/09/2019	4929470	00830	4	45	14.77	4	1.00
				00830 Total	130	1,695	648.32	130	9.00
TRUCK A	12075002	03/09/2019	4936263	00840	164	580	104.01	63	2.00
	12123372	03/09/2019	4929435	00840	373	5,175	1,699.62	373	19.00
	12123379	03/09/2019	4929444	00840	123	1,664	568.05	123	7.00
	12123386	03/09/2019	4929453	00840	67	907	341.52	67	4.00
	12123392	03/09/2019	4929462	00840	54	713	274.18	54	4.00
	12124259	03/09/2019	4932981	00840	158	1,486	367.18	158	5.00
	12157959	03/09/2019	4929471	00840	8	93	30.54	8	1.00
			00840 Total	947	10,618	3,385.10	846	42.00	
TRUCK A	12075002	03/09/2019	4936264	00855	108	439	78.86	44	1.00
	12123372	03/09/2019	4929436	00855	447	6,197	2,038.51	447	23.00
	12123379	03/09/2019	4929445	00855	131	1,780	603.76	131	7.00
	12123386	03/09/2019	4929454	00855	71	953	360.49	71	5.00
	12123392	03/09/2019	4929463	00855	69	892	341.90	69	4.00
	12157959	03/09/2019	4929472	00855	3	34	11.20	3	1.00
			00855 Total	829	10,295	3,434.72	765	41.00	
TRUCK B	12124259	03/09/2019	4932982	00855	77	731	180.17	77	3.00
			00855 Total	77	731	180.17	77	3.00	
TRUCK A	12075002	03/09/2019	4936265	00860	92	299	53.54	34	1.00
	12123372	03/09/2019	4929437	00860	305	4,231	1,396.46	305	16.00
	12123379	03/09/2019	4929446	00860	104	1,422	477.00	104	6.00
	12123386	03/09/2019	4929455	00860	54	725	272.12	54	4.00
	12123392	03/09/2019	4929464	00860	65	856	327.36	65	4.00
	12124259	03/09/2019	4932983	00860	47	439	106.41	47	2.00
	12157959	03/09/2019	4929473	00860	10	114	37.17	10	1.00
			00860 Total	677	8,084	2,670.06	619	34.00	
TRUCK A	12123372	03/09/2019	4929438	00865	716	9,894	3,248.70	716	37.00
	12157959	03/09/2019	4929474	00865	21	237	77.40	21	1.00
				00865 Total	737	10,131	3,326.10	737	38.00
TRUCK B	12075002	03/09/2019	4936266	00865	462	1,738	310.43	183	4.00
	12123379	03/09/2019	4929447	00865	167	2,242	762.23	167	9.00
	12123386	03/09/2019	4929456	00865	85	1,141	426.85	85	5.00
	12123392	03/09/2019	4929465	00865	107	1,393	538.79	107	6.00
	12124259	03/09/2019	4932984	00865	485	4,581	1,122.31	485	13.00
			00865 Total	1,306	11,095	3,160.61	1,027	37.00	
TRUCK A	12075002	03/09/2019	4936267	00875	56	207	37.00	22	1.00
	12123372	03/09/2019	4929439	00875	420	5,835	1,929.44	420	22.00
	12123379	03/09/2019	4929448	00875	102	1,389	471.01	102	6.00
	12123386	03/09/2019	4929457	00875	59	791	296.69	59	4.00
	12123392	03/09/2019	4929466	00875	67	884	341.06	67	4.00
	12124259	03/09/2019	4932985	00875	22	213	52.33	22	1.00

KOHLS EXPORT SHEET
03/04/19

	12157959	03/09/2019	4929475	00875	4	48	16.28	4	1.00	
	12197397	03/09/2019	4929432	00875	38	522	176.11	38	2.00	
				00875 Total	768	9,889	3,319.92	734	41.00	
	12075002	03/09/2019	4936268	00885	70	256	46.10	27	1.00	
	12123372	03/09/2019	4929440	00885	327	4,528	1,491.30	327	17.00	
	12123379	03/09/2019	4929449	00885	99	1,350	451.13	99	6.00	
	12123386	03/09/2019	4929458	00885	52	689	263.64	52	3.00	
	12123392	03/09/2019	4929467	00885	36	473	183.29	36	3.00	
	12124259	03/09/2019	4932986	00885	38	364	88.88	38	1.00	
	12157959	03/09/2019	4929476	00885	7	82	26.98	7	1.00	
				00885 Total	629	7,743	2,551.32	586	32.00	
✓	TRUCK A	12123372	03/09/2019	4929441	00890	628	8,697	2,856.49	628	32.00
		12123392	03/09/2019	4929468	00890	108	1,413	547.73	108	7.00
		12157959	03/09/2019	4929477	00890	24	272	89.10	24	1.00
				00890 Total	760	10,383	3,493.32	760	40.00	
✓	TRUCK B	12075002	03/09/2019	4936269	00890	266	970	173.39	104	2.00
		12123379	03/09/2019	4929450	00890	217	2,926	995.99	217	12.00
		12123386	03/09/2019	4929459	00890	106	1,424	537.41	106	6.00
		12124259	03/09/2019	4932987	00890	123	1,161	284.73	123	4.00
				00890 Total	712	6,481	1,991.52	550	24.00	
				Grand Total	10,440	118,796	38,067.64	9,364	455.00	

Date: 3/5/2019 1:48:28 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757161145564192	
Name: E & E COMPANY LTD		 (402)06757161145564192	
Address: 400 Longfellow Ct			
City/State/Zip: Livermore, CA 94550		CARRIER NAME: Schneider National	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: <i>912026</i>	
VENDOR: 000074879		Seal number(s): <i>9146550</i>	
FOB: <input type="checkbox"/>		SCAC: SCNX	
SHIP TO		Pro Number:	
Name: Kohl's Dist. Center - #00865		Location #: 00865	
Address: Mamakating (Wurtsboro) D.C.			
3440 State Route 209, 00865			
City/State/Zip: Wurtsboro, NY 12790			
CID#: 784468373		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: ME#784468373 Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	Dept#	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12123386	211	85	1140.86	Y	N	
12123379	211	167	2242.06	Y	N	
12123392	211	107	1393.20	Y	N	
12075002	611	183	1738.26	Y	N	
12124259	611	485	4580.56	Y	N	
Grand Total		1027	11094.94			

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
1027	ctns			11094.94		Comforters, Bedspreads	49017	200
1027				11094.94		Grand Total		

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.

[Signature]
 3-05-19

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: *1:00 PM*
 In: *1:18*
 Out: *2:35 PM*
 Driver Signature: *X R. Pyle* 3-5-19

Date: 3/5/2019 8:56:39 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757161145543258	
Name: E & E COMPANY LTD Address: 400 Longfellow Ct City/State/Zip: Livermore, CA 94550 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757161145543258	
SHIP TO		CARRIER NAME: Hub Group	
Name: Kohl's Dist. Center - #00830 Location #: 00830 Address: 300 Admiral Byrd Drive Winchester D. C., 00830 City/State/Zip: Winchester, VA 22602 CID#: 784468372 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: <i>HGU636846</i> Seal number(s): <i>9146546</i>	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HUBG	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: ME#784468372 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
		<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
12124259	Dept#: 611	207	1952.14	Y	N	
12123379	Dept#: 211	117	1579.63	Y	N	
12123372	Dept#: 211	509	7056.09	Y	N	
12075002	Dept#: 611	94	880.16	Y	N	
Grand Total		927	11468.02			

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
927	ctns			11468.02		Comforters, Bedspreads	49017	200
927				11468.02		Grand Total		

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: <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. _____ Shipper Signature
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>[Signature]</i> 3-05-19	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier certifies 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: <i>8:00 AM</i> In: <i>8:00</i> Out: <i>9:05 AM</i> Driver Signature: _____ <i>[Signature]</i> 3/5/19
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Date: 3/6/2019 1:00:56 PM

Bill Of Lading

Page 1 of 2

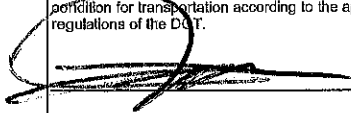
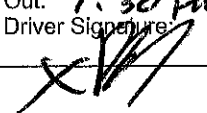
SHIP FROM		Bill of Lading Number: 06757161145636028	
Name: E & E COMPANY LTD Address: 400 Longfellow Ct City/State/Zip: Livermore, CA 94550 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757161145636028	
SHIP TO		CARRIER NAME: Alliance Shippers	
Name: Kohl's Dist. Center - #00840 Location #: 00840 Address: 2015 NE Jefferson Street Blue Spring (Grain Valley) D.C., 00840 City/State/Zip: Grain Valley, MO 64029 CID#: 784468375 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: UMXU936586 Seal number(s): 9146552	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: ANSH	
Name: Address: City/State/Zip:		Pro Number: Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: ME#784468375 Packing List is Attached		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
		<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	
12075002	Dept#: 611	63	580.31	Y	N
12123386	Dept#: 211	67	907.30	Y	N
12124259	Dept#: 611	158	1485.68	Y	N
→ 12123372	Dept#: 211	373	5175.39	Y	N
12123379	Dept#: 211	123	1663.79	Y	N
12123392	Dept#: 211	54	712.56	Y	N
12157959	Dept#: 211	8	92.56	Y	N
Grand Total		846	10617.59		

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. <div style="text-align: right;">_____ Shipper Signature</div>
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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 DOT.  3-6-19	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: 12:30 PM In: 12:30 Out: 1:30 PM Driver Signature:  3-6-19
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Date: 3/7/2019 9:49:23 AM

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: 06757161145737718



(402)06757161145737718

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#: 784468374 FOB:

CARRIER NAME: Performance Team
 Responsible Acct.No:
 Trailer number: 386072
 Seal number(s): 9146592

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

SCAC: GLTN
Pro Number:

SPECIAL INSTRUCTIONS:
 ME#784468374
 Packing List Is Attached

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
12157959	Dept#: 211	3	34.16	Y	N
12123386	Dept#: 211	71	952.70	Y	N
12075002	Dept#: 611	44	439.11	Y	N
12123379	Dept#: 211	131	1780.33	Y	N
12123392	Dept#: 211	69	892.16	Y	N
12123372	Dept#: 211	447	6196.74	Y	N
Grand Total		765	10295.20		

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.



3-07-19

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: 10:00 AM
 In: 9:35
 Out: 10:55
 Driver Signature: Pablo Sanchez
 3-7-19

Date: 3/7/2019 2:37:06 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757161145737831	
Name: E & E COMPANY LTD Address: 400 Longfellow Ct City/State/Zip: Livermore, CA 94550 SID#: PHONE: VENDOR: 000074879		 (402)06757161145737831	
SHIP TO		CARRIER NAME: Alliance Shippers	
Name: Kohl's Dist. Center - #00860 Location #: 00860 Address: 1600 North Business 45 Corsicana D.C., 00860 City/State/Zip: Corsicana, TX 75110 CID#: 784583501		Responsible Acct.No.: Trailer number: 246995 Seal number(s): 9146593	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: ANSH	
Name: Address: City/State/Zip:		Pro Number:	
SPECIAL INSTRUCTIONS: ME3784583501 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
		<input type="checkbox"/> 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	
12075002 Dept#: 611	34	298.52	Y N		
12157959 Dept#: 211	10	113.50	Y N		
12124259 Dept#: 611	47	438.68	Y N		
12123386 Dept#: 211	54	724.66	Y N		
12123379 Dept#: 211	104	1421.96	Y N		
12123392 Dept#: 211	65	855.56	Y N		
12123372 Dept#: 211	305	4230.69	Y N		
Grand Total	619	8083.57			

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:

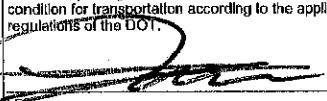
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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.

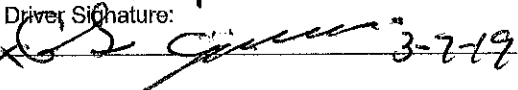

 3-07-19

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: 2:00 PM
 In: 2:10
 Out: 3:10 pm
 Driver Signature:  3-7-19

Date: 3/7/2019 2:37:06 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757161145737831	
Name: E & E COMPANY LTD Address: 400 Longfellow Ct City/State/Zip: Livermore, CA 94550 SID#: _____ PHONE: _____ VENDOR: 000074879		 (402)06757161145737831	
Name: Kohl's Dist. Center - #00860 Location #: 00860 Address: 1600 North Business 45 Corsicana D.C., 00860 City/State/Zip: Corsicana, TX 75110 CID#: 784583501		CARRIER NAME: Alliance Shippers Responsible Acct.No: _____ Trailer number: 246995 Seal number(s): 9146593 SCAC: ANSH Pro Number: _____	
SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: ME3784583501 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			<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>			
619	ctns			8083.57		Comforters, Bedspreads		49017	200
619				8083.57		Grand Total			

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"/>
---	--

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>
--	--

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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Date: 3/8/2019 9:43:40 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757161145811623



(402)06757161145811623

SHIP TO

Name: Kohl's Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 784497383

CARRIER NAME: Schneider National
 Responsible Acct.No:
 Trailer number: 193301
 Seal number(s): 9146594

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

SCAC: SCNX
 Pro Number:

SPECIAL INSTRUCTIONS:
 ME#784497383
 Packing List is Attached

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

Prepaid: Collect: 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12124259 Dept#: 611	22	212.64	Y	N	
12075002 Dept#: 611	22	207.31	Y	N	
12157959 Dept#: 211	4	48.48	Y	N	
12197397 Dept#: 211	38	522.40	Y	N	
12123386 Dept#: 211	59	790.54	Y	N	
12123379 Dept#: 211	102	1389.03	Y	N	
12123392 Dept#: 211	67	883.76	Y	N	
12123372 Dept#: 211	420	5834.64	Y	N	
Grand Total	734	9888.80			

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.

[Signature] 3-8-19

Trailer Loaded: Freight Counted:

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

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: 8:00AM
 In: 9:30AM
 Out: 10:38AM
 Driver Signature: *[Signature]* 3-8-2019


Date: 3/8/2019 9:43:40 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757161145811623



(402)06757161145811623

SHIP TO

Name: Kohl's Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 784497383

CARRIER NAME: Schneider National
 Responsible Acct.No: _____
 Trailer number: 193301
 Seal number(s): 9146594

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

SCAC: SCNX
 Pro Number: _____

SPECIAL INSTRUCTIONS:
 ME#784497383
 Packing List is Attached

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

Prepaid: _____ Collect: 3rd Party: _____

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
734	ctns			9888.80		Comforters, Bedspreads	49017	200
734				9888.80		Grand Total		

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.

SHIPPER SIGNATURE: _____
 DATE: _____

Appt Time: _____
 In: _____
 Out: _____
 Driver Signature: _____


Date: 3/8/2019 12:51:52 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

Bill of Lading Number: 06757161145816185



(402)06757161145816185

SHIP TO

Name: Kohl's Dist. Center - #00885 Location #: 00885
 Address: 2065 Keystone Pacific Parkway
 Patterson D.C., 00885
 City/State/Zip: Patterson, CA 95363
 CID#: 784496570

CARRIER NAME: KOHL BACKHAUL
 Responsible Acct.No: _____
 Trailer number: x98111
 Seal number(s): 9146595
 SCAC: 885G
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: _____ Collect: 3rd Party: _____

SPECIAL INSTRUCTIONS:
 ME#784496570
 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
12157959	Dept#: 211	7	81.54	Y	N	
12123386	Dept#: 211	52	689.42	Y	N	
12075002	Dept#: 611	27	256.45	Y	N	
12124259	Dept#: 611	38	363.57	Y	N	
12123379	Dept#: 211	99	1350.47	Y	N	
12123392	Dept#: 211	36	473.28	Y	N	
12123372	Dept#: 211	327	4527.94	Y	N	
Grand Total		586	7742.67			

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.

[Signature]
 3-08-19

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 in good order, except as noted.

Appt Time: 1:00 PM
 In: 12:30
 Out: 1:30
 Driver Signature: *ROLDAN*
 3/8/19


Date: 3/8/2019 12:51:52 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

Bill of Lading Number: 06757161145816185



(402)06757161145816185

SHIP TO

Name: Kohl's Dist. Center - #00885 Location #: 00885
 Address: 2065 Keystone Pacific Parkway
 Patterson D.C., 00885
 City/State/Zip: Patterson, CA 95363
 CID#: 784496570

CARRIER NAME: KOHL BACKHAUL
 Responsible Acct.No: _____
 Trailer number: x98111
 Seal number(s): 9146595

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

SCAC: 885G
Pro Number: _____

SPECIAL INSTRUCTIONS:
 ME#784496570
 Packing List is Attached

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)

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			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			
586	ctns			7742.67		Comforters, Bedspreads		49017	200
586				7742.67		Grand Total			

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: **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: _____