



Invoice# **701-NCF-0088761**
When remitting refer to this invoice number

REMIT: PO BOX 31001-1337
PASADENA, CA 91110-1337

Terms: Net Cash
Period: 06
Date: 07/11/2019

E & E CO LTD
45875 NORTHPORT LOOP EAST
FREMONT , CA 945380000

PAY TO #: 10316750

ME#: 10316704

Amount: 500.00

Late Shipment

DIRECT ALL INQUIRIES TO: fmnonfoodpayables@kroger.com

Please include your Vendor Name in the subject line of your email.

USERID: GD11362

For Office Use Only

437 40-6040 000 PO#:98967262 Dept:83 Class:940 Loc: (500.00)

437 02-2320 000 PO#: Dept:0 Class:0 Loc:0 500.00

Vendor	10316704	E & E CO LTD DBA JLA MATTRESS PADS	
Order number	98967262	PO type	ME MERCHANDISE
Order status	ON OPEN ORDER	Confirmation N EDI	Y
Order source	RM REPLENISHMENT	PO Disc/Chrg type..	
Import	N	PO Disc/Chrg pct ..	
		PO Disc/Chrg amt ..	
Payment terms	416 + NET 30	FOB point	FOB SHIP POINT
Freight PP COL ...	CO PP Qlfr 0		
Effective terms ..	ROG RECEIPT OF GOODS		
Order date	06/17/19	Cancel Vend Pre-ticket N	
Order proc time	9 Days	Ship date	06/17/19
Rsc Instr			
Transit time	3 Days	Ship PO complete	Y
Earliest arrival date ..	06/29/19		
Cancel date	06/26/19		
Last arrival date	06/29/19	Created by	POB0025

Command _____	Action _____		
F1=Help	F5=Clear	F6=Mdse Spec	F10=Cmnt F11=Summary
F12=Cancel	F15=Menu		

2629345

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: (530)669-5991
 VENDOR: 10316700

Bill of Lading Number: 06757163000336920

 (402)06757163000336920


SHIP TO
 Name: Fred Meyer Stores Location #: 00790880944 61
 Address: Chehalis RSC DC - Home/HCC
 224 Maurin Rd., 0079088094461
 City/State/Zip: Chehalis, WA 98532-8716
 CID#: Dept: 0083

CARRIER NAME: Market Transport
 Responsible Acct.No:
 Trailer number: 3445
 Seal number(s): 25002695 **0299695**

SCAC: MKET
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip: **TRL # 3445**
OSV # 2629345
 SPECIAL INSTRUCTIONS: **FM # 119870299800**
 Load #: MKET 2629345 **Seal # 0299695**
 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 underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
12:00 AM	11:39 AM	12:45 AM

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
0098967259 - 88773	199	1669.79	Y N	Pre-Prod Date: 7-5-19
0098967261 - 88722	833	6132.52	Y N	Receiver: Health Sign Date: 7-5-19
0098967262 - 88771	555	4607.34	Y N	Case Count: 325 Short: Over
0098967545 - 88770	169	832.90	Y N	Pack list included with product: Yes No Check back completed: Yes No
Grand Total	1756	13242.55		

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
17	Pallet			850.00		Pallet		
		37	ctns	1073.95		Comforters, Bedspreads	49017	200
		555	ctns	4607.34		Mattress Pads	149265	100
		958	ctns	5812.35		Pillows, Valance, Towels	49390	100
		17	ctns	201.64		Runners, Placemats, Napkins	49505	77.5

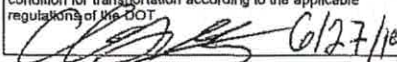
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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

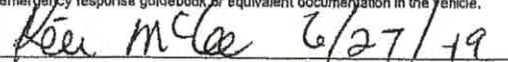
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).


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.
 6/27/19

Trailer Loaded: Freight Counted:
 By Shipper
 By Driver
 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.
 6/27/19

SHIP FROM		Bill of Lading Number: 06757163000336920
Name: E & E COMPANY LTD		 (402)06757163000336920
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
PHONE: (530)669-5991	FOB: <input type="checkbox"/>	
VENDOR: 10316700		

SHIP TO		CARRIER NAME: Market Transport
Name: Fred Meyer Stores	Location #: 00790880944 61	Responsible Acct.No:
Address: Chehalis RSC DC - Home/HCC		Trailer number: 3445
224 Maurin Rd., 0079088094461		Seal number(s): 25002695
City/State/Zip: Chehalis, WA 98532-8716		SCAC: MKET
CID#: _____	FOB: <input type="checkbox"/>	Pro Number: N/A
Dept: 0083		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:		Prepaid: _____ Collect: X 3rd Party: _____
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading
City/State/Zip:		
SPECIAL INSTRUCTIONS:		Appointment Time Actual Driver Arrival Time Driver Departure Time
Load #: MKET 2629345		AM AM AM
Packing List is Attached		PM PM PM

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	
		189	ctns	1547.27		Throws, Blankets	49040	150	
17		1756		14092.55		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"/>
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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 _____
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.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.



Invoice# **701-NCF-0088762**
When remitting refer to this invoice number

REMIT: PO BOX 31001-1337
PASADENA, CA 91110-1337

Terms: Net Cash
Period: 06
Date: 07/11/2019

E & E CO LTD
45875 NORTHPORT LOOP EAST
FREMONT , CA 945380000

PAY TO #: 10316750

ME#: 10316702

Amount: 500.00

Late Shipment

DIRECT ALL INQUIRIES TO: fmnonfoodpayables@kroger.com

Please include your Vendor Name in the subject line of your email.

USERID: GD11362

For Office Use Only

437 40-6040 000 PO#:98967259 Dept:83 Class:809 Loc: (500.00)

437 02-2320 000 PO#: Dept:0 Class:0 Loc:0 500.00

PO21M01

Vendor	10316702	E & E CO DBA JLA- RMA BLANKETS	
Order number	98967259	PO type	ME MERCHANDISE
Order status	ON OPEN ORDER	Confirmation N	EDI Y
Order source	RM REPLENISHMENT	PO Disc/Chrg type..	
Import	N	PO Disc/Chrg pct .	
		PO Disc/Chrg amt .	
Payment terms	416 + NET 30	FOB point	FOB SHIP POINT
Freight PP COL ...	CO PP Qlfr		0
Effective terms ..	ROG RECEIPT OF GOODS	Cancel Vend Pre-ticket	N
Order date	06/17/19	Ship date	06/17/19
Order proc time	9 Days	Ship PO complete	Y
Rsc Instr			
Transit time	3 Days		
Earliest arrival date ..	06/29/19		
Cancel date	06/26/19	Created by	POB0025
Last arrival date	06/29/19		

Command _____	Action _____		
F1=Help	F5=Clear	F6=Mdse Spec	F10=Cmnt F11=Summary
F12=Cancel	F15=Menu		

2629345

Date: 6/27/2019 12:28:33 PM

Bill Of Lading

Page 1 of 2

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: (530)669-5991
 VENDOR: 10316700

Bill of Lading Number: 06757163000336920

 (402)06757163000336920


SHIP TO
 Name: Fred Meyer Stores Location #: 00790880944 61
 Address: Chehalis RSC DC - Home/HCC
 224 Maurin Rd., 0079088094461
 City/State/Zip: Chehalis, WA 98532-8716
 CID#: Dept: 0083

CARRIER NAME: Market Transport
 Responsible Acct.No:
 Trailer number: 3445
 Seal number(s): 26002695 0299695
 SCAC: MKET
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip: TRL # 3445
 FOB # 2629345
 SPECIAL INSTRUCTIONS: FM # 119874299800
 Load #: MKET 2629345
 Packing List is Attached Seal # 0299695

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time: 12:00 AM (PM)
 Actual Driver Arrival Time: 11:39 AM (PM)
 Driver Departure Time: 12:45 AM (PM)

CUSTOMER ORDER INFORMATION						ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	Y	N	Pre-Paid	Date
0098967259 - 88773	199	1669.79	Y	N		7-8-79	
0098967261 - 88722	833	6132.52	Y	N			
0098967262 - 88771	555	4607.34	Y	N			
0098967545 - 88770	169	832.90	Y	N			
Grand Total	1756	13242.55					

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 cars. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
17	Pallet			850.00		Pallet		
		37	ctns	1073.95		Comforters, Bedspreads	49017	200
		555	ctns	4607.34		Mattress Pads	149265	100
		958	ctns	5812.35		Pillows, Valance, Towels	49390	100
		17	ctns	201.64		Runners, Placemats, Napkins	49505	77.5


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:

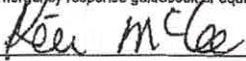
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE / DATE
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 6/27/19

Trailer Loaded: Freight Counted:
 By Shipper
 By Driver
 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.
 6/27/19

Date: 6/27/2019 12:28:33 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: (530)669-5991
 VENDOR: 10316700

Bill of Lading Number: 06757163000336920



SHIP TO
 Name: Fred Meyer Stores Location #: 00790880944
 Address: Chehalis RSC DC - Home/HCC
 224 Maurin Rd., 0079088094461
 City/State/Zip: Chehalis, WA 98532-8716
 CID#: Dept: 0083

CARRIER NAME: Market Transport

Responsible Acct.No:
 Trailer number: 3445
 Seal number(s): 25002695

SCAC: MKET
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:

Load #: MKET-2629345
 Packing List is Attached

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

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
		189	ctns	1547.27		Throws,Blankets	49040	150
17		1756		14092.55		Grand Total		

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 The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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

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Shipper Signature

SHIPPER SIGNATURE / DATE
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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.

Vendor	10316703	E & E CO DBA JLA RMA SHEETS	
Order number	98967261	PO type	ME MERCHANDISE
Order status	ON OPEN ORDER	Confirmation N	EDI Y
Order source	RM REPLENISHMENT	PO Disc/Chrg type..	
Import	N	PO Disc/Chrg pct ..	
		PO Disc/Chrg amt ..	
Payment terms	416 + NET 30	FOB point	FOB SHIP POINT
Freight PP COL ...	CO PP Qlfr		0
Effective terms ..	ROG RECEIPT OF GOODS		
Order date	06/17/19	Cancel Vend Pre-ticket	N
Order proc time	9 Days	Ship date	06/17/19
Rsc Instr		Ship PO complete	Y
Transit time	3 Days		
Earliest arrival date ..	06/29/19		
Cancel date	06/26/19	Created by	POB0025
Last arrival date	06/29/19		

Command _____	Action _____		
F1=Help	F5=Clear	F6=Mdse Spec	F10=Cmnt
F12=Cancel	F15=Menu		F11=Summary

2629345

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: (530)669-5991
 VENDOR: 10316700

Bill of Lading Number: 06757163000336920

 (402)06757163000336920


SHIP TO
 Name: Fred Meyer Stores Location #: 00790880944 61
 Address: Chehalis RSC DC - Home/HCC
 224 Maurin Rd., 0079088094461
 City/State/Zip: Chehalis, WA 98532-8716
 CID#: FOB:
 Dept: 0083

CARRIER NAME: Market Transport
 Responsible Acct.No:
 Trailer number: 3445
 Seal number(s): ~~26002695~~ 0299695
 SCAC: MKET
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip: TRL # 3445
DSV # 2629345
FM # 119070299800
Seal # 0299695
 SPECIAL INSTRUCTIONS:
 Load #: MKET 2629345
 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 underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 12:00 AM 11:39 AM 12:45 AM
 (PM) (PM) (PM)

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		Drop	Pre-Paid
0098967259 - 88773	199	1669.79	Y N			
0098967261 - 88722	833	6132.52	Y N			
0098967262 - 88771	555	4607.34	Y N			
0098967545 - 88770	169	832.90	Y N			
Grand Total	1756	13242.55				

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
17	Pallet			850.00		Pallet		
		37	ctns	1073.95		Comforters, Bedspreads	49017	200
		555	ctns	4607.34		Mattress Pads	149265	100
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		17	ctns	201.64		Runners, Placemats, Napkins	49505	77.5

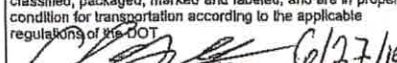
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 *The agreed or declared value of this property is specifically stated by the shipper to be not exceeding _____ per _____

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

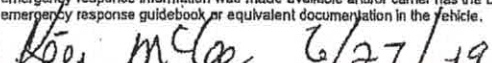
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 Shipper Signature

SHIPPER SIGNATURE / DATE
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 6/27/19

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.
 6/27/19

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: (530)669-5991
 VENDOR: 10316700

Bill of Lading Number: 06757163000336920

 (402)06757163000336920

SHIP TO
 Name: Fred Meyer Stores Location #: 00790880944
 Address: Chehalis RSC DC - Home/HCC
 224 Maurin Rd., 0079088094461
 City/State/Zip: Chehalis, WA 98532-8716
 CID#: Dept: 0083

CARRIER NAME: Market Transport
 Responsible Acct.No:
 Trailer number: 3445
 Seal number(s): 25002695

SCAC: MKET
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

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

SPECIAL INSTRUCTIONS:
 Load #: MKET 2629345
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading

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

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 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS							
		189	ctns	1547.27		Throws, Blankets	49040	150				
17		1756		14092.55		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 to specifically stated by the shipper to be not exceeding _____ per _____

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

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 Shipper Signature _____

SHIPPER SIGNATURE / DATE
 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 Driver
 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.



REMIT: PO BOX 31001-1337
PASADENA, CA 91110-1337

Invoice# **701-NCF-0088758**
When remitting refer to this invoice
number

Terms: Net Cash
Period: 06
Date: 07/11/2019

E & E CO LTD
45875 NORTHPORT LOOP EAST
FREMONT , CA 945380000

PAY TO #: 10316750

ME#: 26321007

Amount: 500.00

Late Shipment

DIRECT ALL INQUIRIES TO: fmnonfoodpayables@kroger.com

Please include your Vendor Name in the subject line of your email.

USERID: GD11362

For Office Use Only

437 40-6040 000 PO#:98967545 Dept:83 Class:939 Loc: (500.00)



437 02-2320 000 PO#: Dept:0 Class:0 Loc:0 500.00

Vendor	26321007	JLA/E & E CO LTD	
Order number	98967545		PO type ME MERCHANDISE
Order status	ON OPEN ORDER		Confirmation N EDI Y
Order source	RM REPLENISHMENT		PO Disc/Chrg type..
Import	N		PO Disc/Chrg pct ..
			PO Disc/Chrg amt ..
Payment terms	416 + NET 30		
Freight PP COL ...	CO	PP Qlfr 0	FOB point FOB SHIP POINT
Effective terms ..	ROG	RECEIPT OF GOODS	
Order date	06/17/19		Cancel Vend Pre-ticket N
Order proc time	9 Days		Ship date 06/17/19
Rsc Instr			
Transit time	3 Days		Ship PO complete Y
Earliest arrival date ..	06/29/19		
Cancel date	06/26/19		
Last arrival date	06/29/19		Created by POB0025

Command _____	Action _____			
F1=Help	F5=Clear	F6=Mdse Spec	F10=Cmnt	F11=Summary
F12=Cancel	F15=Menu			

2629345

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 PHONE: (530)669-5991
 VENDOR: 10316700

Bill of Lading Number: 06757163000336920

 (402)06757163000336920


SHIP TO
 Name: Fred Meyer Stores Location #: 00790880944
 Address: Chehalis RSC DC - Home/HCC
 224 Maurin Rd., 0079088094461
 City/State/Zip: Chehalis, WA 98532-8716
 CID#: Dept: 0083

CARRIER NAME: Market Transport
 Responsible Acct.No:
 Trailer number: 3445
 Seal number(s): 25002695 **0299695**
 SCAC: MKET
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip: **TRL # 3445**
DOV # 2629345
FM # 119070297800
Seal # 0299695
 SPECIAL INSTRUCTIONS:
 Load #: MKET 2629345
 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
 Appointment Time: 12:00 AM
 Actual Driver Arrival Time: 11:39 AM
 Driver Departure Time: 12:45 AM

CUSTOMER ORDER INFORMATION					Drop Locations		ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	Drop	Drop	Pre-Paid	Date	
0098967259 -88773	199	1669.79	Y N				7-8-19	
0098967261 -88722	833	6132.52	Y N				7-5-19	
0098967262 -88771	555	4607.34	Y N					
0098967545 -88770	169	832.90	Y N					
Grand Total	1756	13242.55						

CARRIER INFORMATION							PACKAGE	
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE		
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	NMFC #	CLASS	
17	Pallet			850.00	Pallet			
		37	ctns	1073.95	Comforters, Bedspreads	49017	200	
		555	ctns	4607.34	Mattress Pads	149265	100	
		958	ctns	5812.35	Pillows, Valance, Towels	49390	100	
		17	ctns	201.64	Runners, Placemats, Napkins	49505	77.5	

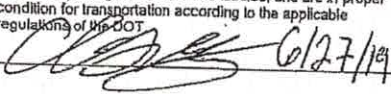
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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

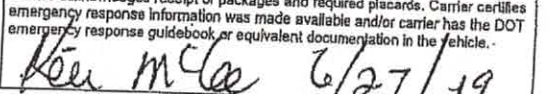
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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 / 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.
 6/27/19


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

SHIPPER SIGNATURE
 6/27/19
 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.

Date: 6/27/2019 12:28:33 PM

Bill Of Lading

Page 2 of 2

SHIP FROM						SHIP TO		
Name: E & E COMPANY LTD						Bill of Lading Number: 06757163000336920		
Address: 221 Hanson Way						 (402)06757163000336920		
City/State/Zip: Woodland, CA 95776								
PHONE: (530)669-5991						CARRIER NAME: Market Transport		
VENDOR: 10316700						Responsible Acct.No:		
Name: Fred Meyer Stores						Trailer number: 3445		
Location #: 00790880944						Seal number(s): 25002695		
Address: Chehalls RSC DC - Home/HCC						SCAC: MKET		
224 Maurin Rd., 0079088094461						Pro Number: N/A		
City/State/Zip: Chehalis, WA 98532-8716								
CID#: _____								
Dept: 0083								
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 (check box) underlying Bills of Lading		
SPECIAL INSTRUCTIONS: _____						Appointment Time		
Load #: MKET-2629345						Actual Driver Arrival Time		
Packing List is Attached						Driver Departure Time		
						AM		
						PM		
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
		189	ctns	1547.27		Throws,Blankets	49040	150
17		1756		14092.55		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:

 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.