

SHIP FROM		Master Bill of Lading Number: 06757166000407492
Name:	E & E COMPANY LTD	
Address:	550 Northport Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Hub Group
Name:	Kohl's Dist. Center - #00830	DC#: 00830
		Div.
Address:	300 Admiral Byrd Drive	Trailer number: 811408
	Winchester D. C., 00830	Seal number(s): 2774200
City/State/Zip:	Winchester, VA 22602	SCAC: HUBG
SID#:	FOB: <input type="checkbox"/>	Pro Number:

**SCANNED**

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			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# 787520069		Appointment Time 9:00 AM	Actual Driver Arrival Time 11:30 AM
			Driver Departure Time 12:22 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	Dept#	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12269004	115	34	843.03	Y N	06757166000398059	00855	
12269004	115	20	495.90	Y N	06757166000398097	00885	
12269004	115	52	1289.34	Y N	06757166000398035	00830	
12269004	115	70	1735.65	Y N	06757166000398073	00865	
12269004	115	36	892.62	Y N	06757166000398042	00840	
12269004	115	66	1636.47	Y N	06757166000398103	00890	
<b>Grand Total</b>		278	6893.01				

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		
278	ctns			6893.01		Rugs	70970-5	125		
278				6893.01		<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: <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.
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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. <i>9/2 5-29-19.</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" 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> 5/29/19
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Date: 5/29/2019 12:08:03 PM

# Bill Of Lading

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 550 Northport Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: 000074879      FOB:

Bill of Lading Number: 06757166000398035



**CARRIER NAME:** Hub Group

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

Trailer number: 811408

Seal number(s): 2774200

**SCAC:** HUBG

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

**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#: 787520069      FOB:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 787520069

Packing List is Attached

**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
12269004      Dept#: 115	52	1289.34	Y	N	
<b>Grand Total</b>	52	1289.34			

**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
52	ctns			1289.34		Rugs	70970-5	125
52				1289.34		<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 property 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:

Order No.: 4995210    Order Date: 04/24/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12269004  
 - #00830

<b>SHIP FROM:</b> E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER -#00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	<b>Shipping Date:</b> 05/29/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL72-2738	086569213754	Lyla (Tiana) Bath Rug	EA	12	312	26	312	26
N/A	KL72-2739	086569213761	Lyla (Stripe) Bath Rug	EA	12	312	26	312	26

<b>Total Weight:</b>	<b>1289.34</b>
<b>Total Quantity Ordered:</b>	<b>624</b>
<b>Total Cartons Ordered:</b>	<b>52</b>
<b>Total Quantity Shipped:</b>	<b>624</b>
<b>Total Cartons Shipped:</b>	<b>52</b>