


Segment	Document Number	Adjustment Amt	PO Number	Commercial/Corporate Check	Remittance information Only	DP No.	ST No.
820ADX	R2677451405HTG	(36.00)	12296694	1.00% MOS = -.40 1.00% ADV = -.40 8.00% ALW = -3.20	Item not received	211	
							(36.00)
							12151432 WOD/#10 CB1902355

KOHL CK#3016297 9/4/2019

SHIP FROM		Bill of Lading Number: 06757163000342679	
Name: E & E COMPANY LTD		 (402)06757163000342679	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 83081	
VENDOR: 000074879		Seal number(s): 2914806	
FOB: <input type="checkbox"/>		SCAC: KNIG	
SHIP TO		Pro Number:	
Name: Kohl's Dist. Center - #00885 Location #: 00885		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 2065 Keystone Pacific Parkway			
City/State/Zip: Patterson D.C., 00885		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
City/State/Zip: Patterson, CA 95363		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
CID#: 789279688 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 789279688			
Packing List is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12296694	Dept#: 211	8	3138.34	Y	N	EFC Master Pack
Grand Total		8	3138.34			

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 360</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
8	Pallet			400.00		Pallet			
		8	ctns	3138.34		Comforters, Bedspreads	49017	200	
8		8		3538.34		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. <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.	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. <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

Date: 7/15/2019 11:42:26 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000342754	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Kohl's Dist. Center - #00885 DC#: 00885 Div. _____ Address: 2065 Keystone Pacific Parkway Patterson D.C., 00885 City/State/Zip: Patterson, CA 95363 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 83081 Seal number(s): 2914806 SCAC: KNIG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: ME# 789279688		Appointment Time: 8:00 AM Actual Driver Arrival Time: 11:00 AM Driver Departure Time: 11:50 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO
						DC#	Supplier#
12224459	Dept#: 211	18	250.51	Y	N	06757163000342709	00885
12318118	Dept#: 211	46	633.31	Y	N	06757163000342693	00885
12146944	Dept#: 611	112	1073.54	Y	N	06757163000342686	00885
12296694	Dept#: 211	223	3138.34	Y	N	06757163000342679	00885
Grand Total		399	5095.70				

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	
14	Pallet			700.00		Pallet		70	
		399	ctns	5095.70		Comforters, Bedspreads	49017	200	
14				5795.70		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 / 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. <i>Also mo 7-15-19</i>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	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. <i>[Signature]</i> 7-15-19
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Order No.: 5069824 Order Date: 07/01/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12296694
 - #00885


SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 07/15/2019
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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	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	53	53	53	53
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	29	29	29	29
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	45	45	45	45
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	42	42	42	42
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	34	34	34	34
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	20	20	20	20

Total Weight:	3138.34
Total Quantity Ordered:	223
Total Cartons Ordered:	223
Total Quantity Shipped:	223
Total Cartons Shipped:	223

Date: 7/15/2019 10:37:12 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000341139	
Name: E & E COMPANY LTD		 (402)06757163000341139	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: JB Hunt Transport	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: JBHU-241162	
VENDOR: 000074879		Seal number(s): 25002516	
SHIP TO		SCAC: HJBT	
Name: Kohl's Dist. Center - #00890 Location #: 00890		Pro Number:	
Address: 4300 MBL Drive		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Ottawa D.C., 00890			
City/State/Zip: Ottawa, IL 61350			
CID#: 789092812		Prepaid: Collect: X 3rd Party:	
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 789092812			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12296694 Dept#: 211	16	6420.91	Y N	EFC Master Pack
Grand Total	16	6420.91		

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
16	Pallet			800.00		Pallet		
		16	ctns	6420.91		Comforters, Bedspreads	49017	200
16		16		7220.91		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. <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.	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. <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

Date: 7/15/2019 10:59:27 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000342747	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: JB Hunt Transport	
Name: Kohl's Dist. Center - #00890 DC#: 00890 Div. _____ Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: JBHU-241162 Seal number(s): 25002516 SCAC: HJBT Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: ME# 789092812		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time 11:00 AM PM	Actual Driver Arrival Time 10:05 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
12318118	Dept#: 211	71	983.61	Y	N	06757163000341146	00890
12224459	Dept#: 211	122	1679.07	Y	N	06757163000341122	00890
12146944	Dept#: 611	254	2393.27	Y	N	06757163000341108	00890
12296694	Dept#: 211	462	6420.91	Y	N	06757163000341139	00890
Grand Total		909	11476.86				

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
29	Pallet			1450.00		Pallet		70
		909	ctns	11476.86		Comforters, Bedspreads	49017	200
29				12926.86		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. <p style="text-align: right;">Shipper Signature</p>
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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. <i>[Signature]</i> 07-15-19	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. <i>[Signature]</i>
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Order No.: 5069825 Order Date: 07/01/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12296694
 - #00890

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 07/15/2019
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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	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	136	136	136	136
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	62	62	62	62
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	138	138	138	138
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	57	57	57	57
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	48	48	48	48
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	21	21	21	21

Total Weight:	6420.91
Total Quantity Ordered:	462
Total Cartons Ordered:	462
Total Quantity Shipped:	462
Total Cartons Shipped:	462

Date: 7/12/2019 11:42:53 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00855 Location #: 00855
Address:	221 Hanson Way	Address:	890 East Mill Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Bernardino D.C., 00855
SID#:		CID#:	789092816
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000341054		Trailer number: 83909	
		Seal number(s): 25002544	
(402)06757163000341054		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	
Address:		Collect: X	
City/State/Zip:		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached	
Load #: 789092816		(check box) underlying Bills of Lading	
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12296694 Dept#: 211	12	4534.59	Y N	EFC Master Pack	
Grand Total	12	4534.59			

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
12	Pallet			600.00		Pallet		
		12	ctns	4534.59		Comforters, Bedspreads	49017	200
12		12		5134.59		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.

Property described above is received in good order, except as noted.

Appt Time:
In:
Out:
Driver Signature:

SHIP FROM		Master Bill of Lading Number: 06757163000342563	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Knight Transportation	
Name:	Kohl's Dist. Center - #00855	DC#:	00855
		Div.:	
Address:	890 East Mill Street San Bernardino D.C., 00855	Trailer number:	83909
		Seal number(s):	25002544
City/State/Zip:	San Bernardino, CA 92408-1614	SCAC:	KNIG
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 (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: ME# 789092816		Appointment Time	Actual Driver Arrival Time
		12:00 AM	11:00 AM
			Driver Departure Time
			12:30 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12318118 Dept#: 211	39	540.77	Y	N	06757163000341085	00855	
12449058 Dept#: 611	59	497.66	Y	N	06757163000341092	00806	
12224459 Dept#: 211	60	831.06	Y	N	06757163000341061	00855	
12146944 Dept#: 611	106	1007.15	Y	N	06757163000341078	00855	
12296694 Dept#: 211	323	4534.59	Y	N	06757163000341054	00855	
12460758 Dept#: 104	3	27.75	Y	N	06757163000340019	00806	
Grand Total	590	7438.98					

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
21	Pallet			1050.00		Pallet		70
		3	ctns	27.75		Sleepwear, Underwear	49880	100
		587	ctns	7411.23		Comforters, Bedspreads	49017	200

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>also mo 7.12.19</i>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	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. <i>[Signature]</i> 7/12/19
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Date: 7/12/2019 12:12:31 PM

Master Bill Of Lading

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SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00855	Name:	
Address:	221 Hanson Way	DC#:	00855	Address:	
City/State/Zip:	Woodland, CA 95776	Div.:		City/State/Zip:	
SID#:				SPECIAL INSTRUCTIONS:	
	FOB: <input type="checkbox"/>			ME# 789092816	
		CARRIER NAME: Knight Transportation		Freight Charge Terms:	
		Trailer number: 83909		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
		Seal number(s): 25002544		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
		SCAC: KNIG		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Pro Number:		Appointment Time	
				AM	
				PM	
				Actual Driver Arrival Time	
				AM	
				PM	
				Driver Departure Time	
				AM	
				PM	
21		8488.98		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: 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.

Order No.: 5069820 Order Date: 07/01/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12296694
 - #00855

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	Shipping Date: 07/12/2019
--	--	---	-------------------------------------


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	95	95	95	95
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	48	48	48	48
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	69	69	69	69
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	36	36	36	36
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	44	44	44	44
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	31	31	31	31

Total Weight:	4534.59
Total Quantity Ordered:	323
Total Cartons Ordered:	323
Total Quantity Shipped:	323
Total Cartons Shipped:	323

Date: 7/12/2019 11:40:16 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00860 Location #: 00860
Address:	221 Hanson Way	Address:	1600 North Business 45
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Corsicana D.C., 00860
SID#:		CID#:	789092814
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000341016		Trailer number: 84040	
		Seal number(s): 25002517	
(402)06757163000341016		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Address:		(check box)	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 789092814			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12296694 Dept#: 211	9	3544.48	Y N	EFC Master Pack
Grand Total	9	3544.48		

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
9	Pallet			450.00		Pallet		
		9	ctns	3544.48		Comforters, Bedspreads	49017	200
9		9		3994.48		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.

Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 7/12/2019 12:01:13 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD	Master Bill of Lading Number: 06757163000342556	Name: Kohl's	CARRIER NAME: Knight Transportation
Address: 221 Hanson Way		DC#: XDSFS	Trailer number: 84040
City/State/Zip: Woodland, CA 95776		Div.	Seal number(s): 25002517
SID#: _____ FOB: <input type="checkbox"/>		Address: X-DOCK PERFORMANCE TEAM BLDG 6	SCAC: KNIG
		12816 SHOEMAKER AVE, XDSFS	Pro Number: N/A
		City/State/Zip: SANTA FE SPRINGS, CA 90670	
		SID#: _____ FOB: <input type="checkbox"/>	
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	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 789092814		11:00 AM PM	11:00 AM PM
			Driver Departure Time
			12:10 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12224459	Dept#: 211	89	1230.97	Y	N	06757163000341030	00860
12318118	Dept#: 211	63	875.98	Y	N	06757163000341047	00860
12146944	Dept#: 611	238	2234.35	Y	N	06757163000341023	00860
12296694	Dept#: 211	251	3544.48	Y	N	06757163000341016	00860
Grand Total		641	7885.78				

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
20	Pallet			1000.00		Pallet		70
		641	ctns	7885.78		Comforters, Bedspreads	49017	200
20				8885.78		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] 7-12-19

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.


[Signature] 7/12/19

Order No.: 5069821 Order Date: 07/01/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12296694
 - #00860

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORSICANA D.C. CORSICANA, TX 75110 US	Shipping Date: 07/12/2019
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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	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	32	32	32	32
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	61	61	61	61
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	57	57	57	57
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	38	38	38	38
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	42	42	42	42
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	21	21	21	21

Total Weight:	3544.48
Total Quantity Ordered:	251
Total Cartons Ordered:	251
Total Quantity Shipped:	251
Total Cartons Shipped:	251

SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: 000074879 FOB: <input type="checkbox"/>	Bill of Lading Number: 06757163000341160  (402)06757163000341160
SHIP TO		Name: Kohl's Dist. Center - #00810 Location #: 00810 Address: 7855 County Road 140 Findlay D.C., 00810 City/State/Zip: Findlay, OH 45840 CID#: 789092817 FOB: <input type="checkbox"/>	CARRIER NAME: Alliance Shippers Responsible Acct.No: Trailer number: EMHU641378 Seal number(s): 25002545 SCAC: ANSH 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: X 3rd Party:
SPECIAL INSTRUCTIONS: Load #: 789092817 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
12296694	Dept#: 211	18	7073.64	Y	N	EFC Master Pack
Grand Total		18	7073.64			

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
18	Pallet			900.00		Pallet		
		18	ctns	7073.64		Comforters, Bedspreads	49017	200
18		18		7973.64		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 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: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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: 7/12/2019 10:39:39 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000342464	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohl's Dist. Center - #00810	DC#:	00810
		Div.:	
Address:	7855 County Road 140 Findlay D.C., 00810	Trailer number:	EMHU641378
		Seal number(s):	25002545
City/State/Zip:	Findlay, OH 45840	SCAC:	ANSH
SID#:		Pro Number:	
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 (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 789092817		9:00 AM	9:00 AM
		Driver Departure Time	10:45 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12318118	Dept#: 211	67	925.56	Y	N	06757163000340866	00810
12449058	Dept#: 611	60	509.34	Y	N	06757163000340873	00870
12460758	Dept#: 104	3	27.75	Y	N	06757163000341177	00870
12146944	Dept#: 611	399	3779.85	Y	N	06757163000340842	00810
12296694	Dept#: 211	507	7073.64	Y	N	06757163000341160	00810
Grand Total		1036	12316.14				

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
31	Pallet			1550.00		Pallet		70
		1033	ctns	12288.39		Comforters, Bedspreads	49017	200
		3	ctns	27.75		Sleepwear, Underwear	49880	100
31				13866.14		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.

Alo 7-12-19

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.


Alo 7-12-19

Order No.: 5069817 Order Date: 07/01/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12296694
 - #00810

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 07/12/2019
--	--	--	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	135	135	135	135
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	84	84	84	84
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	142	142	142	142
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	61	61	61	61
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	56	56	56	56
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	29	29	29	29

Total Weight:	7073.64
Total Quantity Ordered:	507
Total Cartons Ordered:	507
Total Quantity Shipped:	507
Total Cartons Shipped:	507

SHIP FROM		Bill of Lading Number: 06757163000340972	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____		 (402)06757163000340972	
VENDOR: 000074879 FOB: <input type="checkbox"/>		CARRIER NAME: Knight Transportation Responsible Acct.No: _____	
SHIP TO		Trailer number: 69044 Seal number(s): 2914804	
Name: Kohl's Dist. Center - #00875 Location #: 00875 Address: 3030 Airport Road East Macon D.C., 00875 City/State/Zip: Macon, GA 31216 CID#: 789092815 FOB: <input type="checkbox"/>		SCAC: KNIG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: X 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 789092815 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	
12296694 Dept#: 211	14	5263.90	Y N	EFC Master Pack	
Grand Total	14	5263.90			

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
14	Pallet			700.00		Pallet		
		14	ctns	5263.90		Comforters, Bedspreads	49017	200
14		14		5963.90		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"/>
--

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

Date: 7/12/2019 10:20:17 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000342457	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Knight Transportation	
Name:	Kohl's	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	69044
		Seal number(s):	2914804
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	KNIG
SID#:		Pro Number:	
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 (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 789092815		9:00 AM	9:00 AM
		Driver Departure Time	10:30 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO
						DC#	Supplier#
12224459	Dept#: 211	76	1064.43	Y	N	06757163000340996	00875
12146944	Dept#: 611	10	99.39	Y	N	06757163000341009	00875
12318118	Dept#: 211	82	1139.59	Y	N	06757163000340989	00875
12296694	Dept#: 211	375	5263.90	Y	N	06757163000340972	00875
Grand Total		543	7567.31				

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
22	Pallet			1100.00		Pallet		70
		543	ctns	7567.31		Comforters, Bedspreads	49017	200
22				8667.31		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.

A.S. Mo 7.12.19

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.

A.S. 7/12/19

Order No.: 5069823 Order Date: 07/01/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12296694
 - #00875

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	07/12/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	102	102	102	102
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	92	92	92	92
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	75	75	75	75
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	39	39	39	39
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	40	40	40	40
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	27	27	27	27

Total Weight:	5263.9
Total Quantity Ordered:	375
Total Cartons Ordered:	375
Total Quantity Shipped:	375
Total Cartons Shipped:	375

Date: 7/12/2019 9:18:44 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00865 Location #: 00865
Address:	221 Hanson Way	Address:	Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Wurtsboro, NY 12790
SID#:		CID#:	789092811
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000340903		Trailer number: EMHU-651034	
		Seal number(s): 25002515	
(402)06757163000340903		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 789092811 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
12296694	Dept#: 211	21	7813.85	Y	N	EFC Master Pack
Grand Total		21	7813.85			

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
21	Pallet			1050.00		Pallet		
		21	ctns	7813.85		Comforters, Bedspreads	49017	200
21		21		8863.85		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: <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. <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

Date: 7/12/2019 9:41:09 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000342334
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Alliance Shippers
Name:	Kohl's Dist. Center - #00865	DC#: 00865
		Div.
Address:	Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865	Trailer number: EMHU-651034
		Seal number(s): 25002515
City/State/Zip:	Wurtsboro, NY 12790	SCAC: ANSH
SID#:	FOB: <input type="checkbox"/>	Pro Number: N/A

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		
City/State/Zip:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING		
SPECIAL INSTRUCTIONS: ME# 789092811		Appointment Time 8:00 AM	Actual Driver Arrival Time 8:00 PM	Driver Departure Time 9:50 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	Dept#	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12224459	211	63	866.77	Y N	06757163000340897	00865	
12318118	211	45	622.07	Y N	06757163000340910	00865	
12146944	611	229	2147.11	Y N	06757163000340880	00865	
12296694	211	560	7813.85	Y N	06757163000340903	00865	
Grand Total		897	11449.80				

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
30	Pallet			1500.00		Pallet		70
		897	ctns	11449.80		Comforters, Bedspreads	49017	200
30				12949.80		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. <i>[Signature]</i> mo 7.12.19	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. <i>[Signature]</i> 07/12/19
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Order No.: 5069822 Order Date: 07/01/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12296694
 - #00865

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 07/12/2019
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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	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	174	174	174	174
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	92	92	92	92
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	128	128	128	128
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	52	52	52	52
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	79	79	79	79
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	35	35	35	35

Total Weight:	7813.85
Total Quantity Ordered:	560
Total Cartons Ordered:	560
Total Quantity Shipped:	560
Total Cartons Shipped:	560

SHIP FROM		Bill of Lading Number: 06757163000340941	
Name: E & E COMPANY LTD		 (402)06757163000340941	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 69800	
VENDOR: 000074879		Seal number(s): 25002546	
FOB: <input type="checkbox"/>		SCAC: KNIG	
SHIP TO		Pro Number:	
Name: Kohl's Dist. Center - #00840 Location #: 00840		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 2015 NE Jefferson Street			
City/State/Zip: Blue Spring (Grain Valley) D.C., 00840		Prepaid: Collect: X 3rd Party:	
CID#: 789092819		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 789092819 Packing List is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12296694	Dept#: 211	11	3987.13	Y	N	EFC Master Pack
Grand Total		11	3987.13			

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
11	Pallet			550.00		Pallet		
		11	ctns	3987.13		Comforters, Bedspreads	49017	200
11		11		4537.13		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. <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.	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. <i>Property described above is received in good order, except as noted.</i>
		Appt Time: In: Out: Driver Signature:

SHIP FROM		Master Bill of Lading Number: 06757163000342273
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Knight Transportation
Name:	Kohl's	Trailer number: 69800
DC#:	XDSFS	Seal number(s): 25002546
Div.:		
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	SCAC: KNIG
City/State/Zip:	SANTA FE SPRINGS, CA 90670	Pro Number:
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 (check box) UNDERLYING BILLS OF LANDING
City/State/Zip:		Appointment Time: 8:00 AM PM Actual Driver Arrival Time: 8:20 AM PM Driver Departure Time: 9:40 AM PM
SPECIAL INSTRUCTIONS: ME# 789092819		

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12318118	Dept#: 211	59	814.85	Y	N	06757163000340958	00840
12449058	Dept#: 611	60	507.80	Y	N	06757163000340965	00826
12460758	Dept#: 104	3	27.75	Y	N	06757163000341184	00826
12460758	Dept#: 104	1	9.25	Y	N	06757163000341191	00836
12224459	Dept#: 211	80	1112.88	Y	N	06757163000340934	00840
12146944	Dept#: 611	259	2458.76	Y	N	06757163000340927	00840
12296694	Dept#: 211	284	3987.13	Y	N	06757163000340941	00840
Grand Total		746	8918.42				

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
25	Pallet			1250.00		Pallet		70
		4	ctns	37.00		Sleepwear,Underwear	49880	100

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 / 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] 07-12-19

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.
[Signature] 07-12-19

Date: 7/12/2019 9:32:01 AM

Master Bill Of Lading

Page 2 of 2

SHIP FROM						SHIP TO					
Name: E & E COMPANY LTD						Name: Kohl's					
Address: 221 Hanson Way						Address: X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS					
City/State/Zip: Woodland, CA 95776						City/State/Zip: SANTA FE SPRINGS, CA 90670					
SID#: _____ FOB: <input type="checkbox"/>						SID#: _____ FOB: <input type="checkbox"/>					
Master Bill of Lading Number: 06757163000342273						CARRIER NAME: Knight Transportation					
						Trailer number: 69800					
						Seal number(s): 25002546					
						SCAC: KNIG					
						Pro Number:					
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 (check box) UNDERLYING BILLS OF LANDING					
City/State/Zip:						Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
SPECIAL INSTRUCTIONS: ME# 789092819						AM PM		AM PM		AM PM	
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			
		742	ctns	8881.42		Comforters, Bedspreads	49017	200			
25				10168.42		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:

-
- 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.

Order No.: 5069819 Order Date: 07/01/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12296694
 - #00840

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 07/12/2019
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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	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	64	64	64	64
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	55	55	55	55
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	69	69	69	69
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	37	37	37	37
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	37	37	37	37
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	22	22	22	22

Total Weight:	3987.13
Total Quantity Ordered:	284
Total Cartons Ordered:	284
Total Quantity Shipped:	284
Total Cartons Shipped:	284

SHIP FROM		Bill of Lading Number: 06757163000340040	
Name: E & E COMPANY LTD		 (402)06757163000340040	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Hub Group	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: HGIU 648231	
VENDOR: 000074879		Seal number(s): 2914803	
SHIP TO		SCAC: HUBG	
Name: Kohl's Dist. Center - #00830 Location #: 00830		Pro Number:	
Address: 300 Admiral Byrd Drive		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
City/State/Zip: Winchester D. C., 00830			
CID#: 789092818 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		(<input type="checkbox"/>) Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 789092818			
Packing List is Attached			

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CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12296694 Dept#: 211	14	5094.73	Y N	EFC Master Pack	
Grand Total	14	5094.73			

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
14	Pallet			700.00		Pallet		
		14	ctns	5094.73		Comforters, Bedspreads	49017	200
14		14		5794.73		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. <div style="text-align: right;">_____ Shipper Signature</div>
--	--

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

Date: 7/12/2019 9:12:44 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000342242	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
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 Winchester D. C., 00830	Trailer number:	HGIU 648231
		Seal number(s):	2914803
City/State/Zip:	Winchester, VA 22602	SCAC:	HUBG
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	
SPECIAL INSTRUCTIONS: ME# 789092818		Appointment Time	Actual Driver Arrival Time
		8:00 AM PM	8:00 AM PM
		Driver Departure Time	9:20 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
12460758 Dept#: 104	3	27.75	Y	N	06757163000340026	00816	
12224459 Dept#: 211	59	816.96	Y	N	06757163000340057	00830	
12146944 Dept#: 611	299	2822.72	Y	N	06757163000340071	00830	
12449058 Dept#: 611	59	497.66	Y	N	06757163000340033	00816	
12296694 Dept#: 211	365	5094.73	Y	N	06757163000340040	00830	
12318118 Dept#: 211	28	385.56	Y	N	06757163000340064	00830	
Grand Total	813	9645.38					

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
26	Pallet			1300.00		Pallet		70
		810	ctns	9617.63		Comforters, Bedspreads	49017	200
		3	ctns	27.75		Sleepwear, Underwear	49880	100

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>[Signature]</i> 7-12-19	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. <i>[Signature]</i> 7/12/19
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Date: 7/12/2019 9:12:44 AM

Master Bill Of Lading

SHIP FROM

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

Master Bill of Lading Number: 06757163000342242

SHIP TO

Name: Kohl's Dist. Center - #00830 DC#: 00830
 Div. _____
 Address: 300 Admiral Byrd Drive
 Winchester D. C., 00830
 City/State/Zip: Winchester, VA 22602
 SID#: _____ FOB:

CARRIER NAME: Hub Group

Trailer number: HGIU 648231
 Seal number(s): 2914803

SCAC: HUBG
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:

ME# 789092818

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

26				10945.38		Grand Total		
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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.

Order No.: 5069818 Order Date: 07/01/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12296694
 -#00830

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 07/12/2019
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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	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	109	109	109	109
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	77	77	77	77
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	69	69	69	69
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	46	46	46	46
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	49	49	49	49
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	15	15	15	15

Total Weight:	5094.73
Total Quantity Ordered:	365
Total Cartons Ordered:	365
Total Quantity Shipped:	365
Total Cartons Shipped:	365