

Date: 8/29/2019 8:30:44 AM

# Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000362608	
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 - #00836	DC#:	00836
		Div.:	
Address:	9998 All Points Parkway 00836	Trailer number:	UMXU 266209
		Seal number(s):	19863699 AM
City/State/Zip:	Plainfield, IN 46168	SCAC:	ANSH
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"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/>	MASTER BILL OF LANDING: WITH ATTACHED
ME# 791028628		(check box)	UNDERLYING BILLS OF LANDING
		Appointment Time	Actual Driver Arrival Time
		8:00 AM	7:40 AM
			Driver Departure Time
			8:40 AM

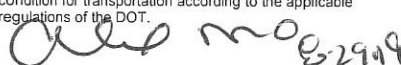
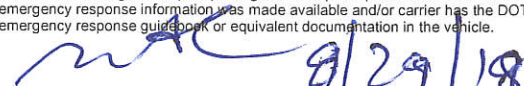
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
12233481 Dept#: 036	20	396.80	Y	N	06757163000362462	00836	
12531736 Dept#: 211	278	3866.12	Y	N	06757163000362394	00836	
<b>Grand Total</b>	<b>298</b>	<b>4262.92</b>					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
12	Pallet			600.00		Pallet		70
		20	ctns	396.80		Sleepwear, Underwear	49880	100
		278	ctns	3866.12		Comforters, Bedspreads	49017	200
12				4862.92		<b>Grand Total</b>		

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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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.  8/29/19	<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.  8/29/19
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Date: 8/29/2019 8:27:48 AM

## Bill Of Lading

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SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00836 Location #: 00836
Address:	221 Hanson Way	Address:	9998 All Points Parkway 00836
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Plainfield, IN 46168
SID#:		CID#:	791028628
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000362394		Trailer number: UMXU 266209	
		Seal number(s): 19863669	
(402)06757163000362394		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 791028628 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12531736 Dept#: 211	11	3866.12	Y N	EFC Master Pack
<b>Grand Total</b>	11	3866.12		

## 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	3866.12		Comforters, Bedspreads	49017	200
11		11		4416.12		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

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

Shipper Signature \_\_\_\_\_

## SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

## Trailer Loaded:

By Shipper  
 By Driver

## Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

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


Appt Time:  
In:  
Out:  
Driver Signature:

Order No.: 5125911    Order Date: 08/19/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12531736  
 - #00836

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00836 9998 ALL POINTS PARKWAY PLAINFIELD, IN 46168 US	<b>Shipping Date:</b> 08/29/2019
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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	KL10-2429	086569920034	Q Miranda 7pcs Comforter Set	EA	1	33	33	33	33
N/A	KL10-2430	086569920041	K Miranda 7pcs Comforter Set	EA	1	10	10	10	10
N/A	KL10-2539	086569075840	Q Kendra Comforter Set	EA	1	102	102	102	102
N/A	KL10-2540	086569075864	K Kendra Comforter Set	EA	1	97	97	97	97
N/A	KL10-2541	086569075895	CK Kendra Comforter Set	EA	1	36	36	36	36

Total Weight:	3866.12
Total Quantity Ordered:	278
Total Cartons Ordered:	278
Total Quantity Shipped:	278
Total Cartons Shipped:	278

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000362462	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: 000074879      FOB: <input type="checkbox"/>		 (402)06757163000362462	
<b>SHIP TO</b>		CARRIER NAME: Alliance Shippers	
Name: Kohl's Fulfillment Center - #00836    Location #: 00836 Address: 9998 All Points Parkway 00836 City/State/Zip: Plainfield, IN 46168 CID#: 791028628      FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: UMXU 266209 Seal number(s): 19863669	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: ANSH Pro Number:	
Name: Address:  City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 791028628 Packing List is Attached		Prepaid:                      Collect: X                      3rd Party:	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box)      underlying Bills of Lading	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12233481      Dept#: 036		1	396.80	Y	N	EFC Master Pack
<b>Grand Total</b>		1	396.80			

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
1	Pallet			50.00		Pallet		
		2	ctns	396.80		Sleepwear,Underwear	49880	100
1		2		446.80		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <div style="text-align: right;">_____ Shipper Signature</div>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	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	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
		Appt Time: In: Out: Driver Signature:

Order No.: 5117579 Order Date: 08/09/2019 Customer: KOHL'S FULFILLMENT CENTER - #00836 Customer PO No.: 12233481

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE (APL) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S FULFILLMENT CENTER - #00836 9998 ALL POINTS PARKWAY PLAINFIELD, IN 46168 US	<b>Shipping Date:</b> 08/29/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
I1318210	I102-3765	086569225825	M I1318210 LS Henley Set	EA	6	12	2	12	2
I1318210	I102-3766	086569225832	L I1318210 LS Henley Set	EA	6	6	1	6	1
I1318210	I102-3767	086569225849	XL I1318210 LS Henley Set	EA	6	6	1	6	1
I1318210	I102-3769	086569225863	M I1318210 LS Henley Set	EA	6	12	2	12	2
I1318210	I102-3770	086569225870	L I1318210 LS Henley Set	EA	6	6	1	6	1
I1318210	I102-3771	086569225887	XL I1318210 LS Henley Set	EA	6	6	1	6	1
I1318210	I102-3773	086569225900	M I1318210 LS Henley Set	EA	6	6	1	6	1
I1318210	I102-3774	086569225917	L I1318210 LS Henley Set	EA	6	6	1	6	1
I1318705	I103-3776	086569225931	S I1318705 Sleepshirt	EA	6	6	1	6	1
I1318705	I103-3777	086569225948	M I1318705 Sleepshirt	EA	6	6	1	6	1
I1318705	I103-3778	086569225955	L I1318705 Sleepshirt	EA	6	6	1	6	1
I1318705	I103-3779	086569225962	XL I1318705 Sleepshirt	EA	6	6	1	6	1
I1318705	I103-3780	086569225979	S I1318705 Sleepshirt	EA	6	6	1	6	1
I1318705	I103-3781	086569225986	M I1318705 Sleepshirt	EA	6	6	1	6	1
I1318705	I103-3782	086569225993	L I1318705 Sleepshirt	EA	6	6	1	6	1
I1318705	I103-3783	086569226006	XL I1318705 Sleepshirt	EA	6	6	1	6	1
I1318705	I103-3785	086569226020	M I1318705 Sleepshirt	EA	6	6	1	6	1
I1318705	I103-3786	086569226037	L I1318705 Sleepshirt	EA	6	6	1	6	1

<b>Total Weight:</b>	396.8
<b>Total Quantity Ordered:</b>	120
<b>Total Cartons Ordered:</b>	20
<b>Total Quantity Shipped:</b>	120
<b>Total Cartons Shipped:</b>	20