

KOHL'S

NOTIFICATION OF PO FILL RATE ISSUE

Detection Date: 10/9/2019

ATTENTION:

FOR DIRECTION ON COMPLIANCE INQUIRIES, GO TO THE
VENDOR COMPLIANCE SECTION OF THE KOHL'S PARTNERS
WEBSITE AT <https://link.kohls.com/>

E & E CO LTD
DUNS # 053909938

PURCHASE ORDER NUMBER: 12471296
RECEIVER SEQUENCE:

DATE RECEIVED:
DISTRIBUTION CENTER: 0090 MEN. FALLS CORPORATE

DEPARTMENT NUMBER: 0211

PURCHASE ORDER SHIP WINDOWS:

DO NOT SHIP BEFORE DATE: 8/5/2019
CANCEL IF NOT SHIPPED BEFORE DATE: 8/10/2019

NOTE: Any or all of the shipment notifications may result in invoice deductions per Kohl's current Vendor Partnership Requirements Document.

VIOLATION NUMBER: 9374346

VIOLATION DESCRIPTION: TR054 Domestic Fill Rate - SKU shipped less than order quantity

VIOLATION AMOUNT: \$266.00

VIOLATION COMMENTS:

NONE

ITEM DETAILS:

Issue Num	Issue pieces	SKU
1	29	46103170 00086569171771

SKU: 46103170; UPC: 00086569171771; SKU Desc: ANGELICA BLACK QUEEN 7PC; PO Ord Units: 910; Total Recv Units (at analysis): 881; Discrepant Units: 29; %Short: 3.19; PO Ord Cost: 36400; Total Recv Cost: 35240

**** END OF REPORT ****

KOHL'S

NOTIFICATION OF PO FILL RATE ISSUE

Detection Date: 10/9/2019

ATTENTION:

FOR DIRECTION ON COMPLIANCE INQUIRIES, GO TO THE
VENDOR COMPLIANCE SECTION OF THE KOHL'S PARTNERS
WEBSITE AT <https://link.kohls.com/>

E & E CO LTD
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**** END OF REPORT ****

Date: 8/12/2019 12:01:43 PM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000355013	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Schneider	
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: TA106925 Seal number(s): 2925542 SCAC: SCNN 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# 790172282		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time: 1:00 AM Actual Driver Arrival Time: 11:00 AM Driver Departure Time: 12:10 AM	

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12487067	Dept#: 115	4	36.68	Y	N	06757163000353262	00885	
12420130	Dept#: 611	12	118.96	Y	N	06757163000353279	00885	
12471296	Dept#: 211	134	1968.21	Y	N	06757163000353309	00885	
12435822	Dept#: 211	163	2280.42	Y	N	06757163000353286	00885	
12471254	Dept#: 211	56	778.82	Y	N	06757163000353293	00885	
12487066	Dept#: 115	15	170.70	Y	N	06757163000353255	00885	
Grand Total		384	5353.79					

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 300</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
18	Pallet			900.00		Pallet			70
		365	ctns	5146.41		Comforters, Bedspreads	49017		200
		10	ctns	141.29		Pillows, Valance, Towels	49390		100

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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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>Olly M</i> 08-12-19	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>Ric's Ayala</i>
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8-12-19

Date: 8/12/2019 12:01:43 PM

Master Bill Of Lading

Page 2 of 2

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(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		9	ctns	66.09		Shower curtain	49385	77.5
18				6253.79		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 / 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.		SHIPPER SIGNATURE 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 <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.	

Date: 8/12/2019 11:58:44 AM

Bill of Lading

Page 1 of 1

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074870 FOB:

Bill of Lading Number: 06757163000353309



CARRIER NAME: Schnelder

Responsible Acct.No:

SHIP TO
 Name: Kohl's Dist. Center - #00885 Location #: 00885
 Address: 2085 Keystone Pacific Parkway
 Patterson D.C., 00885
 City/State/Zip: Patterson, CA 95363
 CID#: 790172282 FOB:

Trailer number: TA196925

Seal number(s): 2925542

SCAC: SCNN

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 #: 790172282
 Packing List Is Attached

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12471296 Dept#: 211	134	1968.21	Y	N	
Grand Total	134	1968.21			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		134	ctns	1968.21		Comforters, Bedspreads	49017	200
6		134		2268.21		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 sold 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.: 5097671 Order Date: 07/25/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471296
 - #00885

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 - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	08/12/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	088569171771	Q Angella Comforter Set	EA	1	85	85	85	85
N/A	KL10-2705	088569171795	K Angella Comforter Set	EA	1	49	49	49	49

Total Weight:	1968.21
Total Quantity Ordered:	134
Total Cartons Ordered:	134
Total Quantity Shipped:	134
Total Cartons Shipped:	134

Date: 8/12/2019 11:35:07 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353282
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000353262
SHIP TO		CARRIER NAME: Schneider
Name: Kohl's Dist. Center - #00885 Location #: 00885 Address: 2065 Keystone Pacific Parkway Patterson D.C., 00885 City/State/Zip: Patterson, CA 95363 CID#: 790172282 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer Number: TA196926 Seal number(s): 2926542 SCAC: SCNN Pro Number:
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:
Name: Address: City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
SPECIAL INSTRUCTIONS: Load #: 790172282 Packing List is Attached		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12287087 Dept#: 115	4	36.68	Y	N	
Grand Total	4	36.68			

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		
		4	pkgs	36.68		Pillows,Valance,Towels	49390	100
1		4		86.68		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>	
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>		
<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>	
<p>SHIPPER SIGNATURE / DATE <small>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.</small></p>	<p>Trailer Loaded: Freight Counted:</p> <p><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</p>	<p>CARRIER SIGNATURE / PICKUP DATE <small>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.</small></p> <p><i>Property described above is received in good order, except as noted.</i></p> <p>Appt Time: In: Out: Driver Signature:</p>

Order No.: 5100385 Order Date: 07/29/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12487067
-#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 95383 US	Shipping Date: 08/12/2019
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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	KL71-2737	088569213747	Lyla (Stripe) Hand Towel	EA	24	96	4	96	4

Total Weight:	36.68
Total Quantity Ordered:	96
Total Cartons Ordered:	4
Total Quantity Shipped:	96
Total Cartons Shipped:	4

Date: 8/12/2019 11:33:41 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00885
Address:	221 Hanson Way	Address:	2065 Keystone Pacific Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Patterson D.C., 00885
SID#:		CID#:	790172282
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000353286		Trailer Number: TA196925	
		Seal number(s): 2925642	
		SCAC: SCNN	
		Pro Number:	
CARRIER NAME: Schneider		Responsible Acct.No:	
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		(check box)	
Load #: 790172282			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12436822 Dept#: 211	163	2280.42	Y N	
Grand Total	163	2280.42		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFPA Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		103	Boxes	2280.42		Comforters, Bedspreads	49017	200
6		163		2580.42		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:

Order No.: 5098098 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435822
 - #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: 08/12/2019
--	--	--	-------------------------------------

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	12	12	12	12
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	7	7	7	7
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	78	78	78	78
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	21	21	21	21
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	29	29	29	29
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	16	16	16	16

Total Weight:	2280.42
Total Quantity Ordered:	163
Total Cartons Ordered:	163
Total Quantity Shipped:	163
Total Cartons Shipped:	163

Order No.: 5095282 Order Date: 07/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420130
 - #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: 08/12/2019
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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	91SNB08QTFQ	086569163783	F/Q Molra Quilt	EA	2	4	2	4	2
N/A	91SNB08QTKC	086569163806	K/CK Molra Quilt	EA	2	8	4	8	4
N/A	91SNB08QTSH	086569163837	Molra Sham	EA	4	8	2	8	2
N/A	91SNB08QTTT	086569163745	T/TXL Molra Quilt	EA	2	8	4	8	4

Total Weight:	118.96
Total Quantity Ordered:	28
Total Cartons Ordered:	12
Total Quantity Shipped:	28
Total Cartons Shipped:	12

Date: 8/12/2019 11:20:33 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00885
Address:	221 Hanson Way	Address:	2065 Keystone Pacific Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Patterson, CA 95363
SID#:		CID#:	790172282
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000353255		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
(402)06767163000353255		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: Schneider		<input type="checkbox"/> (check box)	
Responsible Acct.No:			
Trailer number: TA196925			
Seal number(s): 2925642			
SCAC: SCNN			
Pro Number:			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Address:	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load # 790172282			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12487068 Dept#: 115	15	170.70	Y	N	
Grand Total	15	170.70			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		6	ctns	104.61		Pillows,Valance,Towels	49390	100
		9	ctns	66.09		Shower curtain	49385	77.5
1		15		220.70		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:

Order No.: 5100376 Order Date: 07/29/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12487086
 - #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 2085 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 08/12/2019
--	--	--	-------------------------------------


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	40	5	40	5
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	32	4	32	4
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	72	3	72	3
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	72	3	72	3

Total Weight:	170.7
Total Quantity Ordered:	216
Total Cartons Ordered:	15
Total Quantity Shipped:	216
Total Cartons Shipped:	15

Date: 8/12/2019 11:18:31 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353293
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000353293
SHIP TO		CARRIER NAME: Schnelder
Name: Kohl's Dist. Center - #00885 Location #: 00885 Address: 2065 Keystone Pacific Parkway Patterson D.C., 00885 City/State/Zip: Patterson, CA 95363 CID#: 790172282 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA198825 Seal number(s): 2926642 SCAC: SCNN 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 #: 790172282 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	
12471261 Dept#: 211	56	778.82	Y N		
Grand Total	56	778.82			

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 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		56	oths	778.82		Comforters, Bedspreads	49017	200
3		56		928.82		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. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Order No.: 5098107 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471254
 -#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: 08/12/2019
--	--	--	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	30	30	30	30
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	26	26	26	26

Total Weight:	778.82
Total Quantity Ordered:	56
Total Cartons Ordered:	56
Total Quantity Shipped:	56
Total Cartons Shipped:	56

Date: 8/9/2019 3:06:21 PM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000354832
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	Trailer number: 85346
	San Bernardino D.C., 00855	Seal number(s): 25002662
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"/>	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# 790246052		2:00 AM	2:00 AM
			Driver Departure Time
			3:15 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12471254	Dept#: 211	40	558.86	Y	N	06757163000353354	00855
12420130	Dept#: 611	16	140.56	Y	N	06757163000353330	00855
12435822	Dept#: 211	125	1755.34	Y	N	06757163000353347	00855
12487066	Dept#: 115	22	222.83	Y	N	06757163000353316	00855
12471296	Dept#: 211	121	1783.35	Y	N	06757163000353361	00855
12487067	Dept#: 115	2	18.34	Y	N	06757163000353323	00855
Grand Total		326	4476.27				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
15	Pallet			750.00		Pallet		70
		15	ctns	109.05		Shower curtain	49385	77.5
		9	ctns	132.12		Pillows,Valance,Towels	49390	100

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] 08.9.19

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.
[Signature]

Date: 8/9/2019 3:06:21 PM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06767163000354832						
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:	85348					
		Seal number(s):	25002662					
City/State/Zip:	San Bernardino, CA 92408-1614	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: ME# 790246052		Appointment Time	Actual Driver Arrival Time					
		AM PM	AM PM					
		Driver Departure Time	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 stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		302	ctns	4235.10		Comforters, Bedspreads	49017	200
15				5226.27		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.

Date: 8/9/2019 3:02:27 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353323	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: 000074879		 (402)06757163000353323	
Location #: 00855 Address: 890 East Mill Street San Bernardino D.C., 00855 City/State/Zip: San Bernardino, CA 92408-1614 CID#: 790246052			
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Kohl's Dist. Center - #00855 Address: 890 East Mill Street San Bernardino D.C., 00855 City/State/Zip: San Bernardino, CA 92408-1614 CID#: 790246052		Responsible Acct.No: Trailer number: 85346 Seal number(s): 25002662 SCAC: KNIG Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
Name: Address: City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 790246052 Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12487067 Dept#: 115	2	18.34	Y N	
Grand Total	2	18.34		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	18.34		Pillows,Valance,Towels	49390	100
1		2		68.34		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/Plates	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:

PACKING LIST

PAGE 1 OF 1

Order No.: 5100381 Order Date: 07/29/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12487067
- #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:
08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL71-2737	086569213747	Lyla (Stripe) Hand Towel	EA	24	48	2	48	2

Total Weight: 18,34
Total Quantity Ordered: 48
Total Cartons Ordered: 2
Total Quantity Shipped: 48
Total Cartons Shipped: 2

Date: 8/9/2019 3:01:13 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353316
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000353316
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR: 000074879	FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: Knight Transportation
Name: Kohl's Dist. Center - #00855	Location #: 00855	Responsible Acct.No:
Address: 890 East Mill Street	San Bernardino D.C., 00855	Trailer number: 85346
City/State/Zip: San Bernardino, CA 92408-1614	CID#: 790246052	Seal number(s): 25002862
	FOB: <input type="checkbox"/>	SCAC: KNIG
THIRD PARTY FREIGHT CHARGES BILL TO:		Pro Number:
Name:	Address:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
City/State/Zip:		Prepaid: Collect: X 3rd Party:
SPECIAL INSTRUCTIONS: Load #: 790246052		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
Packing List is Attached		(check box)

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12487066 Dept#: 115	22	222.83	Y	N	
Grand Total	22	222.83			

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 assure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	113.78		Pillows,Valance,Towels	49390	100
		15	ctns	109.05		Shower curtain	49385	77.5
1		22		272.83		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
---	--

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
--	---

SHIPPER SIGNATURE / DATE <small>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.</small>	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 sold to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE <small>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.</small> <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

PACKING LIST

PAGE 1 OF 1

Order No.: 6100372 Order Date: 07/29/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12487066
- #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: 08/09/2019
--	--	---	-------------------------------------

Gust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2617	086569022653	Lyla Shower Curtain	EA	8	80	10	80	10
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	40	6	40	5
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	96	4	96	4
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	72	3	72	3

Total Weight: 222.83
Total Quantity Ordered: 288
Total Cartons Ordered: 22
Total Quantity Shipped: 288
Total Cartons Shipped: 22

PACKING LIST

PAGE 1 OF 1

Order No.: 5097667 Order Date: 07/25/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471296
- #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:
08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086669171771	Q Angellca Comforter Set	EA	1	74	74	74	74
N/A	KL10-2705	086669171795	K Angellca Comforter Set	EA	1	47	47	47	47

Total Weight: 1783.35
Total Quantity Ordered: 121
Total Cartons Ordered: 121
Total Quantity Shipped: 121
Total Cartons Shipped: 121

Date: 8/9/2018 2:53:10 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06767163000353347	
Name:	E & E COMPANY LTD	 (402)06767163000353347	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Knight Transportation	
VENDOR:	000074879	Responsible Acct.No:	
SHIP TO		Trailer number: 85346	
Name:	Kohl's Dist. Center - #00855	Location #:	00855
Address:	890 East Mill Street		
	San Bernardino D.C., 00855		
City/State/Zip:	San Bernardino, CA 92408-1614		
CID#:	790246052	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
Load #: 790246052		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Packing List is Attached		(check box)	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12435822 Dept#: 211	125	1755.34	Y N	
Grand Total	125	1755.34		

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
5	Pallet			250.00		Pallet		
		125	ctns	1755.34		Comforters, Bedspreads	49017	200
5		125		2005.34		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. Property described above is received in good order, except as noted.	
		Appt Time: In: Out: Driver Signature:	

PACKING LIST

PAGE 1 OF 1

Order No.: 5098094 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435822
- #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:
08/09/2019


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	7	7	7	7
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	9	9	9	9
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	49	49	49	49
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	29	29	29	29
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	21	21	21	21
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	10	10	10	10

Total Weight: 1755.34
Total Quantity Ordered: 125
Total Cartons Ordered: 125
Total Quantity Shipped: 125
Total Cartons Shipped: 125

Date: 8/8/2019 2:48:25 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06767163000353330
Name: E & E COMPANY LTD		 (402)06757163000353330
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation
SID#:		Responsible Acct.No:
PHONE:		Trailer number: 85345
VENDOR: 000074878	FOB: <input type="checkbox"/>	Seal number(s): 25002862
SHIP TO		SCAC: KNIG
Name: Kohl's Dist. Center - #00855	Location #: 00855	Pro Number:
Address: 890 East Mill Street		
San Bernardino D.C., 00855		
City/State/Zip: San Bernardino, CA 92408-1614		
CID#: 790246052	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		Prepaid: Collect: X 3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
SPECIAL INSTRUCTIONS: Load #: 790246052		
Packing List is Attached		

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12420130 Dept#: 611	16	140.55	Y N	
Grand Total	16	140.55		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	140.55		Comforters, Bedspreads	49017	200
1		16		190.55		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of this 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 <small>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.</small>	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 <small>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.</small> Property described above is received in good order, except as noted.

PACKING LIST

PAGE 1 OF 1

Order No.: 5095278 Order Date: 07/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420130
- #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:
08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086569163783	F/Q Moira Quilt	EA	2	6	3	6	3
N/A	91SNB08QTKC	086569163808	K/CK Moira Quilt	EA	2	12	6	12	6
N/A	91SNB08QTSH	086569163837	Molra Sham	EA	4	24	6	24	6
N/A	91SNB08QTTT	086569163745	T/TXL Moira Quilt	EA	2	2	1	2	1

Total Weight: 140.55
Total Quantity Ordered: 44
Total Cartons Ordered: 16
Total Quantity Shipped: 44
Total Cartons Shipped: 16

Date: 8/9/2019 2:46:56 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353354
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000353354
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR: 000074879	FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: Knight Transportation
Name: Kohl's Dist. Center - #00855	Location #: 00855	Responsible Acct.No:
Address: 890 East Mill Street	San Bernardino D.C., 00855	Trailer number: 85346
City/State/Zip: San Bernardino, CA 92408-1614	CID#: 790246052	Seal number(s): 26002662
	FOB: <input type="checkbox"/>	SCAC: KNIG
THIRD PARTY FREIGHT CHARGES BILL TO:		Pro Number:
Name:	Address:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
City/State/Zip:		Prepaid: Collect: X 3rd Party:
SPECIAL INSTRUCTIONS: Load #: 790246052	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	
12471254 Dept#: 211	40	555.86	Y N		
Grand Total	40	555.86			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		40	ctns	555.86		Comforters, Bedspreads	49017	200
2		40		655.86		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 <small>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.</small>	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE <small>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.</small> <i>Property described above is received in good order, except as noted.</i>
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

PACKING LIST

PAGE 1 OF 1

Order No.: 5098103 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471254
- #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: 08/09/2019
--	--	---	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	22	22	22	22
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	18	18	18	18

Total Weight: 555.86
Total Quantity Ordered: 40
Total Cartons Ordered: 40
Total Quantity Shipped: 40
Total Cartons Shipped: 40

Date: 8/9/2019 2:18:11 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000354825	
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:	67951
		Seal number(s):	25002593
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"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS: ME# 790125775		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		1:00 AM	12:45 AM
			Driver Departure Time
			2:30 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
12487067	Dept#: 115	1	9.17	Y	N	06757163000353149	00840
12487067	Dept#: 115	1	9.17	Y	N	06757163000353200	00875
12420130	Dept#: 611	3	16.52	Y	N	06757163000353217	00875
12487066	Dept#: 115	5	56.68	Y	N	06757163000353194	00875
12471254	Dept#: 211	32	444.38	Y	N	06757163000353231	00875
12471296	Dept#: 211	112	1849.59	Y	N	06757163000353156	00840
12471296	Dept#: 211	138	2028.15	Y	N	06757163000353248	00875
12435822	Dept#: 211	128	1816.06	Y	N	06757163000353224	00875
12471254	Dept#: 211	78	1080.00	Y	N	06757163000353163	00840
12420130	Dept#: 611	30	313.30	Y	N	06757163000353170	00840
12435822	Dept#: 211	229	3243.50	Y	N	06757163000353187	00840
12487066	Dept#: 115	23	214.01	Y	N	06757163000353132	00840
Grand Total		780	10880.53				

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

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

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above noted materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Whe MO 8/9/19</i>	Trailer Loaded:	Freight Counted:	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> 8/9/19
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

Date: 8/9/2019 2:18:11 PM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000354825
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: 67951
		Seal number(s): 25002593
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC: KNIG
SID#:		Pro Number:
		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:		
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LADING: WITH ATTACHED (check box) UNDERLYING BILLS OF LADING
SPECIAL INSTRUCTIONS:	ME# 790126775	Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time 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 500</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
36	Pallet			1800.00		Pallet		70
		19	ctns	138.57		Shower curtain	49385	77.5
		11	ctns	150.46		Pillows, Valance, Towels	49390	100
		750	ctns	10591.60		Comforters, Bedspreads	49017	200
36				12680.53		Grand Total		

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

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

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

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

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

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


Trailer Loaded:	Freight Counted:
<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.

Date: 8/9/2019 2:12:36 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353248
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000353248
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR: 000074879	FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: Knight Transportation
Name: Kohl's Dist. Center - #00875	Location #: 00875	Responsible Acct.No:
Address: 3030 Airport Road East	Macon D.C., 00875	Trailer number: 67951
City/State/Zip: Macon, GA 31216	CID#: 790125775	Seal number(s): 25002593
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:	Prepaid: Collect: X 3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
SPECIAL INSTRUCTIONS: Load #: 790125775 Packing List Is Attached		

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471296 Dept#: 211	138	2028.15	Y N	
Grand Total	138	2028.15		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		138	ctns	2028.15		Comforters, Bedspreads	49017	200
6		138		2328.15		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
	Shipper Signature _____

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

PACKING LIST

PAGE 1 OF 1

Order No.: 5097670 Order Date: 07/25/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471296
- #00875

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
KOHL'S STORE
N66 W17000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WI 53051
US

SHIP TO:
KOHL'S DIST. CENTER - #00875
3030 AIRPORT ROAD EAST
MACON D.C.
MACON, GA 31216
US

Shipping Date:
08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086569171771	Q Angelica Comforter Set	EA	1	87	87	87	87
N/A	KL10-2705	086569171796	K Angelica Comforter Set	EA	1	51	51	51	51

Total Weight: 2028.15
Total Quantity Ordered: 138
Total Cartons Ordered: 138
Total Quantity Shipped: 138
Total Cartons Shipped: 138

Date: 8/9/2019 2:01:15 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163000353149
Name:	E & E COMPANY LTD	 (402)06757163000353149
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:	000074879	FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: Knight Transportation
Name:	Kohl's Dist. Center - #00840	Responsible Acct.No:
Address:	2015 NE Jefferson Street	Trailer number: 67951
City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840	Seal number(s): 25002593
CID#:	790125775	SCAC: KNIG
		Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:
Address:		
City/State/Zip:		

SPECIAL INSTRUCTIONS:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
Load #: 790125775	
Packing List is Attached	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12487067 Dept#: 115	1	9.17	Y N	
Grand Total	1	9.17		

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300.</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		1	ctns	9.17		Pillows,Valance,Towels	49390	100	
1		1		59.17		Grand Total			

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
---	--

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

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

PACKING LIST

PAGE 1 OF 1

Order No.: 5100380 Order Date: 07/29/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12487067
- #00840


SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N66 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: 08/09/2019
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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	KL71-2737	086569213747	Lyla (Stripe) Hand Towel	EA	24	24	1	24	1

Total Weight:	9.17
Total Quantity Ordered:	24
Total Cartons Ordered:	1
Total Quantity Shipped:	24
Total Cartons Shipped:	1

Date: 8/9/2019 1:57:02 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 08757163000353163
Name:	E & E COMPANY LTD	 (402)06757163000353163
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:	000074879	FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: Knight Transportation
Name:	Kohl's Dist. Center - #00840	Responsible Acct.No:
Address:	2015 NE Jefferson Street	Trailer number: 67951
City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840	Seal number(s): 25002593
CID#:	Grain Valley, MO 64029	SOAC: KNIG
	790125775	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:		Prepaid: <input type="checkbox"/>
Address:		Collect: <input checked="" type="checkbox"/> 3rd Party:
City/State/Zip:		Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:		<input type="checkbox"/> (check box)
Load #: 790125776		
Packing List is Attached		

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471264	Dept#: 211	78	Y N	
Grand Total		78	1080.00	

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 NMFU Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		78	ctns	1080.00		Comforters, Bedspreads	49017	200
3		78		1230.00		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 <small>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.</small>	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE <small>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.</small>
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

PACKING LIST

PAGE 1 OF 1

Order No.: 5098102 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471254
- #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:
08/09/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	48	48	48	48
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	30	30	30	30

Total Weight: 1080
Total Quantity Ordered: 78
Total Cartons Ordered: 78
Total Quantity Shipped: 78
Total Cartons Shipped: 78

Date: 8/9/2019 1:54:01 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00840 Location #: 00840
Address:	221 Hanson Way	Address:	2015 NE Jefferson Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840
SID#:		CID#:	Grain Valley, MO 64029
PHONE:		790125775	FOB: <input type="checkbox"/>
VENDOR:	000074879	THIRD PARTY FREIGHT CHARGES BILL TO:	
		Name:	
		Address:	
		City/State/Zip:	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Load #: 790125775		Prepaid: Collect: X 3rd Party:	
Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

Bill of Lading Number: 06757163000353187



(402)06757163000353187

CARRIER NAME: Knight Transportation

Responsible Acct.No:

Trailer number: 67951

Seal number(s): 25002593

SCAC: KNIG

Pro Number:

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12435822	Dept#: 211	229	3243.50	Y N	
Grand Total		229	3243.50		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	Pallet			450.00		Pallet		
		229	ctns	3243.50		Comforters, Bedspreads	49017	200
9		229		3693.50		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. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

PACKING LIST

PAGE 1 OF 1

Order No.: 5098093 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435822
- #00840

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
KOHL'S STORE
N66 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:
08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086669958518	Q Lyla 7pcs Comforter Set	EA	1	20	20	20	20
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	17	17	17	17
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	72	72	72	72
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	49	49	49	49
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	41	41	41	41
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	30	30	30	30

Total Weight: 3243.5
Total Quantity Ordered: 229
Total Cartons Ordered: 229
Total Quantity Shipped: 229
Total Cartons Shipped: 229

Date: 8/9/2019 1:41:32 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353194	
Name:	E & E COMPANY LTD	 (402)06757163000353194	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776	CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 67951	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 25002593	
SHIP TO		SCAC: KNIG	
Name:	Kohl's Dist. Center - #00875 Location #: 00875	Pro Number:	
Address:	3030 Airport Road East	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip:	Macon D.C., 00875	Prepaid: Collect: X 3rd Party:	
City/State/Zip:	Macon, GA 31216	Master Bill of Lading: with attached underlying Bills of Lading	
CID#:	790125776 FOB: <input type="checkbox"/>	(check box)	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 790125775			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12487066 Dept#: 115	5	56.68	Y N	
Grand Total	5	56.68		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	34.87		Pillows,Valance,Towels	49390	100
		3	ctns	21.81		Shower curtain	49385	77.5
1		5		106.68		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 <small>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.</small>		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 <small>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.</small> <i>Property described above is received in good order, except as noted.</i>	
		Appt Time: In: Out: Driver Signature:	

PACKING LIST

PAGE 1 OF 1

Order No.: 5100375 Order Date: 07/29/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12487066
- #00875

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N58 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 08/09/2019
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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	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	16	2	16	2
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	8	1	8	1
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	24	1	24	1
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	24	1	24	1

Total Weight:	56.68
Total Quantity Ordered:	72
Total Cartons Ordered:	5
Total Quantity Shipped:	72
Total Cartons Shipped:	5

PACKING LIST

PAGE 1 OF 1

Order No.: 5095277 Order Date: 07/23/2019 Customer: KOHL'S DIST. CENTER - #00840 Customer PO No.: 12420130

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:
08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086569163783	F/Q Molra Quilt	EA	2	20	10	20	10
N/A	91SNB08QTKC	086569163806	K/CK Molra Quilt	EA	2	24	12	24	12
N/A	91SNB08QTSH	086569163837	Molra Sham	EA	4	24	6	24	6
N/A	91SNB08QTTT	086569163745	T/TXL Molra Quilt	EA	2	4	2	4	2

Total Weight: 313.3
Total Quantity Ordered: 72
Total Cartons Ordered: 30
Total Quantity Shipped: 72
Total Cartons Shipped: 30

Date: 8/9/2019 1:35:57 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353156
Name: E & E COMPANY LTD		 (402)06757163000353156
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation
SID#:		Responsible Acct.No:
PHONE:		Trailer number: 67951
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 25002593
SHIP TO		SCAC: KNIG
Name: Kohl's Dist. Center - #00840	Location #: 00840	Pro Number:
Address: 2015 NE Jefferson Street		
City/State/Zip: Blue Spring (Grain Valley) D.C., 00840		
CID#: 790125775	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
SPECIAL INSTRUCTIONS: Load #: 790125775 Packing List Is Attached		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12471296 Dept#: 211	112	1649.59	Y N		
Grand Total	112	1649.59			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			250.00		Pallet		
		112	ctns	1649.59		Comforters, Bedspreads	49017	200
5		112		1899.59		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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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).

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p>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.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required papers. 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.</p>
		<p>Appt Time: In: Out: Driver Signature:</p>

PACKING LIST

PAGE 1 OF 1

Order No.: 5097666 Order Date: 07/25/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471296
- #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:
08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086669171771	Q Angelica Comforter Set	EA	1	69	69	69	69
N/A	KL10-2705	086669171795	K Angelica Comforter Set	EA	1	43	43	43	43

Total Weight: 1649.59
Total Quantity Ordered: 112
Total Cartons Ordered: 112
Total Quantity Shipped: 112
Total Cartons Shipped: 112

Date: 8/9/2019 1:25:42 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353224	
Name: E & E COMPANY LTD		 (402)06757163000353224	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 67951	
VENDOR: 000074879		Seal number(s): 25002593	
FOB: <input type="checkbox"/>		SCAC: KNIG	
SHIP TO		Pro Number:	
Name: Kohl's Dist. Center - #00875		Location #: 00875	
Address: 3030 Airport Road East		City/State/Zip: Macon, GA 31216	
City/State/Zip: Macon D.C., 00875		CID#: 790125775	
FOB: <input type="checkbox"/>		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:		Address:	
City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS:		Prepaid: Collect: X 3rd Party:	
Load #: 790125775		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Packing List Is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12435822 Dept#: 211	128	1816.06	Y N	
Grand Total	128	1816.06		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage 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
5	Pallet			250.00		Pallet		
		128	ctns	1816.06		Comforters, Bedspreads	49017	200
5		128		2066.06		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
--	--

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

PACKING LIST

PAGE 1 OF 1

Order No.: 5098097 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435822
- #00875

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 - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 08/09/2019
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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	10	10	10	10
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	15	15	15	15
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	31	31	31	31
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	30	30	30	30
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	27	27	27	27
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	15	15	15	15

Total Weight:	1816.06
Total Quantity Ordered:	128
Total Cartons Ordered:	128
Total Quantity Shipped:	128
Total Cartons Shipped:	128

Date: 8/9/2019 1:17:29 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353200
Name:	E & E COMPANY LTD	 (402)06757163000353200
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		CARRIER NAME: Knight Transportation
VENDOR:	000074879	Responsible Acct.No:
SHIP TO		Trailer number: 67961
Name:	Kohl's Dist. Center - #00875	Seal number(s): 25002593
Address:	3030 Airport Road East	SCAC: KNIG
	Macon D.C., 00875	Pro Number:
City/State/Zip:	Macon, GA 31216	
CID#:	790125775	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		
City/State/Zip:		Prepaid: Collect: X 3rd Party:
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
Load #: 790125775		
Packing List Is Attached		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12487067 Dept#: 115	1	9.17	Y	N	
Grand Total	1	9.17			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 500</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	9.17		Pillows,Valance,Towels	49390	100
1		1		59.17		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(o)(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 sold 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:

PACKING LIST

PAGE 1 OF 1

Order No.: 5100384 Order Date: 07/29/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12487067
- #00875

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 - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 08/09/2019
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Gust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL71-2737	086689213747	Lyla (Stripe) Hand Towel	EA	24	24	1	24	1

Total Weight:	9.17
Total Quantity Ordered:	24
Total Cartons Ordered:	1
Total Quantity Shipped:	24
Total Cartons Shipped:	1

Date: 8/9/2019 1:18:32 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353132	
Name: E & E COMPANY LTD		 (402)06757163000353132	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 67951	
VENDOR: 000074879		Seal number(s): 25002593	
SHIP TO		SCAC: KNIG	
Name: Kohl's Dist. Center - #00840		Pro Number:	
Address: 2015 NE Jefferson Street			
City/State/Zip: Blue Spring (Grain Valley) D.C., 00840			
CID#: 790125775			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 790125775			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12487066	Dept#: 115	23	214.01	Y	N
Grand Total		23	214.01		

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(b) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	97.25		Pillows,Valance,Towels	49390	100
		16	ctns	116.76		Shower curtain	49385	77.5
1		23		264.01		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
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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: 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 sold 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:

PACKING LIST

PAGE 1 OF 1

Order No.: 5100371 Order Date: 07/29/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12487066
-#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: 08/09/2019
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Gust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	80	10	80	10
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	48	6	48	6
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	120	5	120	5
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	48	2	48	2

Total Weight:	214.01
Total Quantity Ordered:	296
Total Cartons Ordered:	23
Total Quantity Shipped:	296
Total Cartons Shipped:	23

Date: 8/9/2019 1:16:01 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353217	
Name: E & E COMPANY LTD		 (402)06757163000353217	
Address: 221 Hanson Way			
City/State/Zip: Woodland, GA 95775			
SID#:			
PHONE:			
VENDOR: 000074879		CARRIER NAME: Knight Transportation	
SHIP TO		Responsible Acct.No:	
Name: Kohl's Dist. Center - #00875		Trailer number: 67951	
Address: 3030 Airport Road East		Seal number(s): 25002593	
City/State/Zip: Macon D.C., 00875		SCAC: KNIG	
City/State/Zip: Macon, GA 31216		Pro Number:	
CID#: 790126775			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 790126775		Prepaid: Collect: X 3rd Party:	
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
12420130 Dept#: 611	3	16.52	Y N	
Grand Total	3	16.52		

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 NMFCA Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	16.52		Comforters, Bedspreads	49017	200
1		3		66.52		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
--	--

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:
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PACKING LIST

PAGE 1 OF 1

Order No.: 5095281 Order Date: 07/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420130
-#00875

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 - #00875
3030 AIRPORT ROAD EAST
MACON D.C.
MACON, GA 31216
US


Shipping Date:
08/09/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086669163783	F/Q Molra Quilt	EA	2	2	1	2	1
N/A	91SNB08QTSH	086569163837	Molra Sham	EA	4	8	2	8	2

Total Weight: 16.52
Total Quantity Ordered: 10
Total Cartons Ordered: 3
Total Quantity Shipped: 10
Total Cartons Shipped: 3

Date: 8/9/2019 1:12:52 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 08757163000353231	
Name:	E & E COMPANY LTD	 (402)06757163000353231	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Knight Transportation	
VENDOR:	000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:
SHIP TO		Trailer number: 67951	
Name:	Kohl's Dist. Center - #00875	Location #:	00875
Address:	3030 Airport Road East		
	Macon D.C., 00875		
City/State/Zip:	Macon, GA 31216		
CID#:	790125775	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: Collect: X 3rd Party:	
Load #: 790125775		<input type="checkbox"/> Master Bill of Lading: with attached	
Packing List Is Attached		(check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12471254 Dept#: 211	32	444.38	Y	N	
Grand Total	32	444.38			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		32	ctns	444.38		Comforters, Bedspreads	49017	200
2		32		544.38		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: <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 sold 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:

PACKING LIST

PAGE 1 OF 1

Order No.: 5098106 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471254
- #00875

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 - #00875
3030 AIRPORT ROAD EAST
MACON D.C.
MACON, GA 31216
US

Shipping Date:
08/09/2019

Gust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	18	18	18	18
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	14	14	14	14

Total Weight: 444.38
Total Quantity Ordered: 32
Total Cartons Ordered: 32
Total Quantity Shipped: 32
Total Cartons Shipped: 32

Date: 8/9/2019 10:31:56 AM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000354764	
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	Trailer number: 68693
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Div.	Seal number(s): 2925541
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SID#:	SCAC: KNIG
SID#:	FOB: <input type="checkbox"/>	Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
City/State/Zip:		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: ME# 790125773		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time 11:00 AM	Actual Driver Arrival Time 9:40 AM
		Driver Departure Time 10:40 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
12420130	Dept#: 611	15	126.89	Y	N	06757163000353071	00860
12471296	Dept#: 211	105	1539.17	Y	N	06757163000353101	00860
12471254	Dept#: 211	181	2507.99	Y	N	06757163000353118	00865
12435822	Dept#: 211	140	1988.63	Y	N	06757163000353088	00860
12487066	Dept#: 115	7	52.79	Y	N	06757163000353057	00860
12471296	Dept#: 211	237	3457.52	Y	N	06757163000353125	00865
12487067	Dept#: 115	2	18.34	Y	N	06757163000353064	00860
12471254	Dept#: 211	45	626.69	Y	N	06757163000353095	00860
Grand Total		732	10318.02				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
31	Pallet			1550.00	(X)	Pallet		70

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 / DATE <i>Alamo 8/9/19</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 <i>[Signature]</i> 8/9/19 <small>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.</small>	

Date: 8/9/2019 10:31:56 AM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000354764	
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:	68693
		Seal number(s):	2925541
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: ME# 790125773		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM


CARRIER INFORMATION						LTL ONLY			
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of MFC Item 369</small>			
		3	ctns	27.51		Pillows,Valance,Towels		49390	100
		6	ctns	43.62		Shower curtain		49385	77.5
		723	ctns	10246.89		Comforters, Bedspreads		49017	200
31				11868.02		Grand Total			

Where the rate is dependant on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		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.	
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	

Date: 8/9/2019 10:24:08 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353071	
Name: E & E COMPANY LTD		 (402)06757163000353071	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR: 000074879		CARRIER NAME: Knight Transportation	
SHIP TO		Responsible Acct.No:	
Name: Kohl's Dist. Center - #00860		Trailer number: 68693	
Address: 1600 North Business 45		Seal number(s): 2925541	
City/State/Zip: Corsicana D.C., 00860		SCAC: KNIG	
CID#: 790125773		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 790125773 Packing List is Attached		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12420130 Dept#: 611	15	126.89	Y	N	
Grand Total	15	126.89			

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		
		15	cins	126.89		Comforters, Bedspreads	49017	200
1		15		176.89		Grand Total		

Where the rate is dependant 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(e)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are 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. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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Order No.: 5095279 Order Date: 07/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420130
 - #00860

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 - #00860 1600 NORTH BUSINESS 45 CORNICANA D.C. CORNICANA, TX 75110 US	08/09/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086569163783	F/Q Molra Quilt	EA	2	8	4	8	4
N/A	91SNB08QTKC	086569163806	K/CK Molra Quilt	EA	2	6	3	6	3
N/A	91SNB08QTSH	086569163837	Molra Sham	EA	4	20	5	20	5
N/A	91SNB08QTTT	086569163745	T/TXL Molra Quilt	EA	2	6	3	6	3

Total Weight:	126.89
Total Quantity Ordered:	40
Total Cartons Ordered:	15
Total Quantity Shipped:	40
Total Cartons Shipped:	15

SHIP FROM		Bill of Lading Number: 08757163000353057
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000353057
SHIP TO		
Name: Kohl's Dist. Center - #00860 Location #: 00860 Address: 1600 North Business 45 Corsicana D.C., 00860 City/State/Zip: Corsicana, TX 75110 CID#: 790125773 FOB: <input type="checkbox"/>		Responsible Acct.No: _____
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: 68693
Name: _____ Address: _____ City/State/Zip: _____		Seal number(s): 2925541
SPECIAL INSTRUCTIONS: Load #: 790125773 Packing List is Attached		SCAC: KNIG
		Pro Number: _____
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
		Prepaid: Collect: X 3rd Party: _____
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12487066	Dept#: 115	7	62.79	Y	N	
Grand Total		7	52.79			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	9.17		Pillows,Valance,Towels	49390	100
		6	ctns	43.62		Shower curtain	49385	77.5
1		7		102.79		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 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 sold 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: _____
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PACKING LIST

PAGE 1 OF 1

Order No.: 5100373 Order Date: 07/29/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12487066
- #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
1800 NORTH BUSINESS 45
CORNICANA D.C.
CORNICANA, TX 75110
US

Shipping Date:
08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086669022663	Lyla Shower Curtain	EA	8	32	4	32	4
N/A	KL70-2730	086669192691	Springdale Shower Curtain	EA	8	16	2	16	2
N/A	KL71-2734	086669213716	Lyla (Embroidery) Hand Towel	EA	24	24	1	24	1

Total Weight: 52.79
Total Quantity Ordered: 72
Total Cartons Ordered: 7
Total Quantity Shipped: 72
Total Cartons Shipped: 7

Date: 8/9/2019 10:27:49 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00860	Name:	
Address:	221 Hanson Way	Location #:	00860	Address:	
City/State/Zip:	Woodland, CA 95776	Address:	1600 North Business 45	City/State/Zip:	
SID#:		City/State/Zip:	Corsicana D.C., 00860	SPECIAL INSTRUCTIONS:	
PHONE:		City/State/Zip:	Corsicana, TX 75110	Load #: 790125773	
VENDOR:	000074879	CID#:	790125773	Packing List is Attached	
FOB:	<input type="checkbox"/>	FOB:	<input type="checkbox"/>		
Bill of Lading Number: 08757163000353064		Trailer number: 68693		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 2925541		Prepaid: Collect: X 3rd Party:	
(402)06757163000353064		SCAC: KNIG		Pro Number:	
CARRIER NAME: Knight Transportation		Pro Number:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Responsible Acct.No:				(check box)	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12487067 Dept#: 115	2	18.34	Y	N	
Grand Total	2	18.34			

CARRIER INFORMATION						PACKAGE	
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	NMFC #	CLASS
QTY	TYPE	QTY					
1	Pallet				Pallet		
		2	ctns	18.34	Pillows,Valance,Towels	49390	100
1		2		68.34	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"/>	
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.		Trailer Loaded: Freight Counted: <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:	

PACKING LIST

PAGE 1 OF 1

Order No.: 5100382 Order Date: 07/29/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12487067
- #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
CORNICANA D.C,
CORNICANA, TX 75110
US

Shipping Date:
08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL71-2737	086669213747	Lyla (Stripe) Hand Towel	EA	24	48	2	48	2

Total Weight: 18.34
Total Quantity Ordered: 48
Total Cartons Ordered: 2
Total Quantity Shipped: 48
Total Cartons Shipped: 2

Date: 8/9/2019 10:23:20 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163000353095
Name: E & E COMPANY LTD		 (402)06757163000353095
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95778		
SID#:		
PHONE:		CARRIER NAME: Knight Transportation
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:
SHIP TO		Trailer number: 68693
Name: Kohl's Dist. Center - #00860	Location #: 00860	Seal number(s): 2925541
Address: 1600 North Business 45		
	Corsicana D.C., 00860	SCAC: KNIG
City/State/Zip: Corsicana, TX 76110		Pro Number:
CID#: 790125773	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		
City/State/Zip:		Prepaid: Collect: X 3rd Party:
SPECIAL INSTRUCTIONS: Load #: 790125773		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
Packing List Is Attached		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12471254 Dept#: 211	45	626.69	Y	N	
Grand Total	45	626.69			

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 36B</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		45	ctns	626.69		Comforters, Bedspreads	49017	200
2		45		726.69		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:

PACKING LIST

PAGE 1 OF 1

Order No.: 5098104 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471254
-#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
CORNICANA D.C.
CORNICANA, TX 75110
US

Shipping Date:
08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	088569958570	Q Caledon 7pcs Comforter Set	EA	1	23	23	23	23
N/A	KL10-2464	088569958587	K Caledon 7pcs Comforter Set	EA	1	22	22	22	22

Total Weight: 626.69
Total Quantity Ordered: 45
Total Cartons Ordered: 45
Total Quantity Shipped: 45
Total Cartons Shipped: 45

Date: 8/9/2019 10:21:47 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353118	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000353118	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Kohl's Dist. Center - #00865 Location #: 00865 Address: Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865 City/State/Zip: Wurtsboro, NY 12790 CID#: 790125773 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 68693 Seal number(s): 2925541 SCAC: KNIG 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 #: 790125773 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	
12471254 Dept#: 211	181	2507.99	Y N		
Grand Total	181	2507.99			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
7	Pallet			350.00		Pallet		
		181	ctns	2507.99		Comforters, Bedspreads	49017	200
7		181		2857.99		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: 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/Placas	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: _____
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PACKING LIST

PAGE 1 OF 1

Order No.: 6098105 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471254
-#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: 08/09/2019
--	--	---	-------------------------------------


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086669958570	Q Caledon 7pcs Comforter Set	EA	1	109	109	109	109
N/A	KL10-2464	086669958587	K Caledon 7pcs Comforter Set	EA	1	72	72	72	72

Total Weight:	2507.99
Total Quantity Ordered:	181
Total Cartons Ordered:	181
Total Quantity Shipped:	181
Total Cartons Shipped:	181

Date: 8/9/2019 10:13:36 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163000353088
Name: E & E COMPANY LTD		 (402)06757163000353088
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation
SID#:		Responsible Accl.No:
PHONE:		Trailer number: 68693
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 2925541
SHIP TO		SCAC: KNIG
Name: Kohl's Dist. Center - #00860	Location #: 00860	Pro Number:
Address: 1600 North Business 45		
City/State/Zip: Corsicana D.C., 00860		
City/State/Zip: Corsicana, TX 76110		
CID#: 790125773	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		Prepaid: Collect: X 3rd Party:
City/State/Zip:		
SPECIAL INSTRUCTIONS: Load #: 790125773		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
Packing List is Attached		(check box)

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12436822	Dept#: 211	140	1988.63	Y N	
Grand Total		140	1988.63		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		140	cins	1988.63		Comforters, Bedspreads	49017	200
5		140		2238.63		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>	
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>		
<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>	
<p>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.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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.</p> <p>Appt Time: _____ In: _____ Out: _____ Driver Signature: _____</p>

PACKING LIST

PAGE 1 OF 1

Order No.: 5098095 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435822
- #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
CORNICANA D.C.
CORNICANA, TX 75110
US


Shipping Date:
08/09/2019

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	12	12	12	12
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	6	6	6	6
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Set	EA	1	43	43	43	43
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Set	EA	1	28	28	28	28
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	29	29	29	29
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	22	22	22	22

Total Weight: 1988.63
Total Quantity Ordered: 140
Total Cartons Ordered: 140
Total Quantity Shipped: 140
Total Cartons Shipped: 140

Date: 8/9/2019 10:07:10 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000353125
Name: E & E COMPANY LTD		 (402)06757163000353125
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR: 000074879	FOB: <input type="checkbox"/>	CARRIER NAME: Knight Transportation
SHIP TO		Responsible Acct.No:
Name: Kohl's Dist. Center - #00885	Location #: 00866	Trailer number: 68693
Address: Mamakating (Wurtsboro) D.C.		Seal number(s): 2925541
3440 State Route 209, 00865		SCAG: KNIG
City/State/Zip: Wurtsboro, NY 12790		Pro Number:
CID#: 790125773	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		Prepaid: Collect: X 3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
SPECIAL INSTRUCTIONS: Load #: 790125773 Packing List is Attached		

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471296 Dept#: 211	237	3457.52	Y N	
Grand Total	237	3457.52		

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		
		237	ctns	3457.52		Comforters, Bedspreads	49017	200
9		237		3907.52		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
---	--

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Shipper Signature _____	

SHIPPER SIGNATURE / DATE <small>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.</small>	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE <small>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.</small>
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

PACKING LIST

PAGE 1 OF 1

Order No.: 5097669 Order Date: 07/25/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471296
- #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:
08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	088569171771	Q Angelica Comforter Set	EA	1	161	161	161	161
N/A	KL10-2705	088569171795	K Angelica Comforter Set	EA	1	76	76	76	76

Total Weight: 3457.52
Total Quantity Ordered: 237
Total Cartons Ordered: 237
Total Quantity Shipped: 237
Total Cartons Shipped: 237

Date: 8/9/2019 9:56:38 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000353101
Name: E & E COMPANY LTD		 (402)06757163000353101
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation
SID#:		Responsible Acct.No:
PHONE:		Trailer number: 88693
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 2925541
SHIP TO		SCAC: KNIG
Name: Kohl's Dist. Center - #00860	Location #: 00860	Pro Number:
Address: 1600 North Business 45		
City/State/Zip: Corsicana D.C., 00860		
CID#: 790125773	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		Prepaid: Collect: X 3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading (check box)
SPECIAL INSTRUCTIONS:		
Load #: 790125773		
Packing List is Attached		

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471296 Dept#: 211	105	1539.17	Y N	
Grand Total	105	1539.17		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage shall be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(p) of NMFC Item 306</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		105	ctns	1539.17		Comforters, Bedspreads	49017	200
5		105		1789.17		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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

PACKING LIST

PAGE 1 OF 1

Order No.: 5087668 Order Date: 07/25/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471296
- #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 CORNICANA D.C. CORNICANA, TX 75110 US	Shipping Date: 08/09/2019
--	--	--	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086569171771	Q Angelica Comforter Set	EA	1	68	68	68	68
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	37	37	37	37

Total Weight:	1539.17
Total Quantity Ordered:	105
Total Cartons Ordered:	105
Total Quantity Shipped:	105
Total Cartons Shipped:	105

12471296	5097669	R2019072601364122	KL10-2705	K Angelica Comforter Set	00106757163001472150	0638615614	00006757166386156144	1	Loaded
12471296	5097669	R2019072601364122	KL10-2705	K Angelica Comforter Set	00106757163001472143	0638615615	00006757166386156151	1	Loaded
12471296	5097669	R2019072601364122	KL10-2705	K Angelica Comforter Set	00106757163001472143	0638615616	00006757166386156168	1	Loaded
12471296	5097669	R2019072601364122	KL10-2705	K Angelica Comforter Set	00106757163001472143	0638615617	00006757166386156175	1	Loaded
12471296	5097669	R2019072601364122	KL10-2705	K Angelica Comforter Set	00106757163001472143	0638615618	00006757166386156182	1	Loaded
12471296	5097669	R2019072601364122	KL10-2705	K Angelica Comforter Set	00106757163001472136	0638615619	00006757166386156199	1	Loaded
12471296	5097669	R2019072601364122	KL10-2705	K Angelica Comforter Set	00106757163001472136	0638615620	00006757166386156205	1	Loaded
12471296	5097669	R2019072601364122	KL10-2705	K Angelica Comforter Set	00106757163001472136	0638615621	00006757166386156212	1	Loaded
12471296	5097669	R2019072601364122	KL10-2705	K Angelica Comforter Set	00106757163001472136	0638615622	00006757166386156229	1	Loaded

Date: 8/9/2019 9:10:40 AM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000354726	
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 City/State/Zip: Winchester, VA 22602 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: HGIU514912 Seal number(s): 25002586	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HUBG Pro Number: _____	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: ME# 790172219		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time: 8:00 AM Actual Driver Arrival Time: 8:00 AM Driver Departure Time: 9:30 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12420130	Dept#: 611	24	212.82	Y	N	06757163000350841	00830
12487067	Dept#: 115	2	18.34	Y	N	06757163000350858	00830
12487066	Dept#: 115	38	357.86	Y	N	06757163000350803	00830
12471254	Dept#: 211	92	1278.17	Y	N	06757163000350827	00830
12471296	Dept#: 211	151	2208.59	Y	N	06757163000350810	00830
12435822	Dept#: 211	243	3421.29	Y	N	06757163000350834	00830
Grand Total		550	7497.07				

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 309.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
22	Pallet			1100.00		Pallet		70
		28	ctns	200.04		Shower curtain	49385	77.5
		12	ctns	176.16		Pillows, Valance, Towels	49390	100

<p>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 _____</p>	<p>COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/></p>
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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).

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
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<p>SHIPPER SIGNATURE / DATE <small>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.</small> 08/09/19</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE <small>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.</small> 08/09/19</p>
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Date: 8/9/2019 9:10:40 AM

Master Bill Of Lading

Page 2 of 2


SHIP FROM		Master Bill of Lading Number: 06757163000354726							
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 Address: 300 Admiral Byrd Drive Winchester D. C., 00830 City/State/Zip: Winchester, VA 22602 SID#: _____ FOB: <input type="checkbox"/>		DC#: 00830 Div. Trailer number: HGIU514912 Seal number(s): 25002586							
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# 790172219		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING							
		Appointment Time	Actual Driver Arrival Time						
		AM PM	AM PM						
		Driver Departure Time	AM PM						
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT		H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 500</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	LBS				NMFC #	CLASS
		510	ctns	7120.87			Comforters, Bedspreads	49017	200
22				8597.07			Grand Total		

<p>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 _____"</p>	<p>COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/></p>
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>	
<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
<p>SHIPPER SIGNATURE / DATE <small>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.</small></p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces</p>
<p>CARRIER SIGNATURE / PICKUP DATE <small>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.</small></p>	

Date: 8/9/2019 9:06:17 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000360858
Name:	E & E COMPANY LTD	 (402)06757163000360858
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:	000074879	FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: Hub Group
Name:	Kohl's Dist. Center - #00830	Responsible Acct.No:
Address:	300 Admiral Byrd Drive	Trailer number: HGIU514912
City/State/Zip:	Winchester D. C., 00830	Seal number(s): 25002586
CID#:	790172219	SCAC: HUBG
		Pro Number:
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Name:		Prepaid: <input type="checkbox"/>
Address:		Collect: X
City/State/Zip:		3rd Party: <input type="checkbox"/>
SPECIAL INSTRUCTIONS: Load #: 790172219 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
12487067	Dept#: 115	2	18.34	Y	N	
Grand Total		2	18.34			

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	18.34		Pillows,Valance,Towels	49390	100
1		2		68.34		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. Property described above is received in good order, except as noted. Appt Time: _____ In: _____ Out: _____ Driver Signature: _____

PACKING LIST

PAGE 1 OF 1

Order No.: 5100379 Order Date: 07/29/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12487067
-#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:
08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL71-2737	086669213747	Lyla (Stripes) Hand Towel	EA	24	48	2	48	2

Total Weight: 18.34
Total Quantity Ordered: 48
Total Cartons Ordered: 2
Total Quantity Shipped: 48
Total Cartons Shipped: 2

Date: 8/9/2019 9:05:06 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000350841	
Name: E & E COMPANY LTD		 (402)06757163000350841	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 96776			
SID#:			
PHONE:			
VENDOR: 000074879		CARRIER NAME: Hub Group	
FOB: <input type="checkbox"/>		Responsible Acct.No:	
SHIP TO		Trailer number: HGIU514912	
Name: Kohl's Dist. Center - #00830		Seal number(s): 25002586	
Address: 300 Admiral Byrd Drive		SCAC: HUBG	
City/State/Zip: Winchester D. C., 00830		Pro Number:	
CID#: 790172219		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 790172219			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12420130 Dept#: 611	24	212.82	Y	N	
Grand Total	24	212.82			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		24	ctns	212.82		Comforters, Bedspreads	49017	200
1		24		262.82		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ 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:	

Order No.: 5095276 Order Date: 07/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420130
 - #00830

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 - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086569163783	F/Q Moira Quilt	EA	2	18	9	18	9
N/A	91SNB08QTKC	086569163808	K/CK Moira Quilt	EA	2	8	4	8	4
N/A	91SNB08QTSH	086569163837	Moira Sham	EA	4	28	7	28	7
N/A	91SNB08QTTT	086569163745	T/TXL Moira Quilt	EA	2	8	4	8	4

Total Weight:	212.82
Total Quantity Ordered:	62
Total Cartons Ordered:	24
Total Quantity Shipped:	62
Total Cartons Shipped:	24

Date: 8/9/2019 9:03:03 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000350810
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000350810
SHIP TO		CARRIER NAME: Hub Group
Name: Kohl's Dist. Center - #00830 Location #: 00830 Address: 300 Admiral Byrd Drive Winchester D. C., 00830 City/State/Zip: Winchester, VA 22802 CID#: 790172219 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: HGIU514912 Seal number(s): 25002586 SCAC: HUBG Pro Number:
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:
Name: Address: City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
SPECIAL INSTRUCTIONS: Load #: 790172219 Packing List Is Attached		

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471296 Dept#: 211	151	2208.59	Y N	
Grand Total	151	2208.59		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage 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
6	Pallet			300.00		Pallet		
		151	ctns	2208.59		Comforters, Bedspreads	49017	200
6		151		2508.59		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: <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. Property described above is received in good order, except as noted.
			Appt Time: in: Out: Driver Signature:

Order No.: 5097665 Order Date: 07/25/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471206
 - #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:
 08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086569171771	Q Angelica Comforter Set	EA	1	100	100	100	100
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	51	51	51	51

Total Weight: 2208.59
 Total Quantity Ordered: 151
 Total Cartons Ordered: 151
 Total Quantity Shipped: 151
 Total Cartons Shipped: 151

Date: 8/9/2019 8:46:31 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000350834
Name: E & E COMPANY LTD		 (402)06757163000350834
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Hub Group
SID#:		Responsible Acct.No:
PHONE:		Trailer number: HGIU514912
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 25002586
SHIP TO		SCAC: HUBG
Name: Kohl's Dist. Center - #00830	Location #: 00830	Pro Number:
Address: 300 Admiral Byrd Drive		
City/State/Zip: Winchester D. C., 00830		
City/State/Zip: Winchester, VA 22602		
CID#: 790172219	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		Prepaid: Collect: X 3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
SPECIAL INSTRUCTIONS: Load #: 790172219 Packing List is Attached		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12435822 Dept#: 211	243	3421.29	Y	N	
Grand Total	243	3421.29			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	Pallet			450.00		Pallet		
		243	ctns	3421.29		Comforters, Bedspreads	49017	200
9		243		3871.29		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 <small>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.</small>	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE <small>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></small>
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Places	

Order No.: 5098092 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435822
 - #00830

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 - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	08/09/2019


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	25	25	25	25
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	6	6	6	6
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	89	89	89	89
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	54	54	54	54
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	27	27	27	27

Total Weight:	3421.29
Total Quantity Ordered:	243
Total Cartons Ordered:	243
Total Quantity Shipped:	243
Total Cartons Shipped:	243

Date: 8/9/2019 8:30:11 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000350827
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____		 (402)06757163000350827
VENDOR: 000074879 FOB: <input type="checkbox"/>	CARRIER NAME: Hub Group Responsible Acct.No: _____	
SHIP TO		Trailer number: HGIU614912 Seal number(s): 25002586
Name: Kohl's Dist. Center - #00830 Location #: 00830 Address: 300 Admiral Byrd Drive Winchester D. C., 00830 City/State/Zip: Winchester, VA 22602 CID#: 790172219 FOB: <input type="checkbox"/>	SCAC: HUBG 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: <input checked="" type="checkbox"/> 3rd Party: _____
SPECIAL INSTRUCTIONS: Load #: 790172219 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
12471254 Dept#: 211	92	1278.17	Y	N	
Grand Total	92	1278.17			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		92	ctns	1278.17		Comforters, Bedspreads	48017	200
4		92		1478.17		Grand Total		

<p>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 _____</p>		<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>	
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>			
<p>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.</p>		<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>	
<p>SHIPPER SIGNATURE / DATE</p> <p>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.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE</p> <p>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.</p> <p>Property described above is received in good order, except as noted.</p> <p>Appt Time: _____ In: _____ Out: _____ Driver Signature: _____</p>

Order No.: 5098101 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471254
 - #00830


SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N66 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	08/09/2019

Gust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	51	51	51	51
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	41	41	41	41

Total Weight:	1278.17
Total Quantity Ordered:	92
Total Cartons Ordered:	92
Total Quantity Shipped:	92
Total Cartons Shipped:	92

Date: 8/9/2019 8:25:13 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000350803	
Name:	E & E COMPANY LTD	 (402)06757163000350803	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Hub Group	
Name:	Kohl's Dist. Center - #00830	Location #:	00830
Address:	300 Admiral Byrd Drive		
	Winchester D. C., 00830		
City/State/Zip:	Winchester, VA 22602		
CID#:	790172219	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: HGIU514912	
Name:	Responsible Acct.No:		
Address:	Seal number(s): 25002586		
City/State/Zip:	SCAC: HUBG		
SPECIAL INSTRUCTIONS:		Pro Number:	
Load #: 790172219		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
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
12487066 Dept#: 115	38	357.86	Y	N	
Grand Total	38	357.86			

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		
		10	ctns	167.82		Pillows,Valance,Towels	49390	100
		28	ctns	200.04		Shower curtain	49385	77.5
1		38		407.86		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
	_____ Shipper Signature

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

Order No.: 5100370 Order Date: 07/29/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12487066
 - #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: 08/09/2019
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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	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	192	24	192	24
N/A	KL70-2730	086569192891	Springdale Shower Curtain	EA	8	32	4	32	4
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	120	5	120	5
N/A	KL71-2735	086569213723	Lyla (Jaquard) Hand Towel	EA	24	24	1	24	1
N/A	KL73-2733	086589213709	Lyla (Embroidery) Bath Towel	EA	24	96	4	96	4

Total Weight:	357.86
Total Quantity Ordered:	464
Total Cartons Ordered:	38
Total Quantity Shipped:	464
Total Cartons Shipped:	38

Date: 8/9/2019 8:44:50 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000354665	
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 - #00890	DC#:	00890
		Div.:	
Address:	4300 MBL Drive	Trailer number:	300341
	Ottawa D.C., 00890	Seal number(s):	2925581
City/State/Zip:	Ottawa, IL 61350	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"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LADING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
ME# 790172217		Appointment Time	Actual Driver Arrival Time
		8:00 AM PM	7:40 AM PM
			Driver Departure Time
			8:50 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#	
12420130 Dept#: 011	46	428.05	Y N	06757163000351268	00890		
12471254 Dept#: 211	203	2807.63	Y N	06757163000351275	00890		
12471296 Dept#: 211	186	2725.33	Y N	06757163000351282	00890		
Grand Total	435	5961.01					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
16	Pallet			800.00		Pallet		70
		435	ctns	5961.01		Comforters, Bedspreads	49017	200
16				6761.01		Grand Total		


<p>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 _____"</p>		<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>	
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>			
<p>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.</p>		<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>	
<p>SHIPPER SIGNATURE / DATE <small>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.</small></p> <p><i>Alp Mo 8-9-19</i></p>		<p>Trailer Loaded: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces <input type="checkbox"/> By Driver/Pieces</p>	
		<p>CARRIER SIGNATURE / PICKUP DATE <small>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.</small></p> <p><i>But</i></p>	

8-9-19

Date: 8/9/2019 8:43:02 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163000351282
Name: E & E COMPANY LTD		 (402)06757163000351282
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95778		CARRIER NAME: Alliance Shippers
SID#:		Responsible Acct.No:
PHONE:		Trailer number: 300341
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 2925581
SHIP TO		SCAC: ANSH
Name: Kohl's Dist. Center - #00890	Locallon #: 00890	Pro Number:
Address: 4300 MBL Drive		
City/State/Zip: Ottawa D.C., 00890		
City/State/Zip: Ottawa, IL 61350		
CID#: 790172217	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		Prepaid: Collect: X 3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
SPECIAL INSTRUCTIONS: Load #: 790172217 Packing List is Attached		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12471296 Dept#: 211	186	2725.33	Y	N	
Grand Total	186	2725.33			

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		
		186	ctns	2725.33		Comforters, Bedspreads	49017	200
8		186		3125.33		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 / 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.		Shipper Signature _____	
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. Properly described above is received in good order, except as noted.	
		Appt Time: _____ In: _____ Out: _____ Driver Signature: _____	

PACKING LIST

PAGE 1 OF 1

Order No.: 5097672 Order Date: 07/25/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471296
- #00890

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
KOHL'S STORE
N58 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:
08/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086669171771	Q Angelica Comforter Set	EA	1	121	121	121	121
N/A	KL10-2705	086669171795	K Angelica Comforter Set	EA	1	65	65	65	65

Total Weight: 2725.33
Total Quantity Ordered: 186
Total Cartons Ordered: 186
Total Quantity Shipped: 186
Total Cartons Shipped: 186

Date: 8/9/2019 8:29:03 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000351275		
Name:	E & E COMPANY LTD	 (402)06757163000351275		
Address:	221 Hanson Way			
City/State/Zip:	Woodland, CA 95776			
SID#:				
PHONE:				
VENDOR:	000074879	FOB:	<input type="checkbox"/>	
SHIP TO		CARRIER NAME: Alliance Shippers		
Name:	Kohl's Dist. Center - #00890	Location #:	00890	
Address:	4300 MBL Drive	Trailer number: 300341		
City/State/Zip:	Ottawa D.C., 00890	Seal number(s): 2925581		
City/State/Zip:	Ottawa, IL 61350	SCAC: ANSH		
CID#:	790172217	Pro Number:		
<th style="background-color: #f2f2f2;">THIRD PARTY FREIGHT CHARGES BILL TO:</th> <td colspan="2"> Freight Charge Terms: (freight charges are prepaid unless marked otherwise) </td>		THIRD PARTY FREIGHT CHARGES BILL TO:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:		
Address:		<input type="checkbox"/> Master Bill of Lading: with attached		
City/State/Zip:		(check box) underlying Bills of Lading		
SPECIAL INSTRUCTIONS: Load #: 790172217 Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471254 Dept#: 211	203	2807.63	Y N	
Grand Total	203	2807.63		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
7	Pallet			350.00		Pallet		
		203	ctns	2807.63		Comforters, Bedspreads	49017	200
7		203		3157.63		Grand Total		

<p>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: <small>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding</small></p> <p>_____ per _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
---	--

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

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE <small>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.</small></p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE <small>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.</small></p> <p><i>Property described above is received in good order, except as noted.</i></p> <p>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 5098108 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471254
 - #00890

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N66 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: 08/09/2019
--	--	--	-------------------------------------


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	129	129	129	129
N/A	KL10-2464	086569988587	K Caledon 7pcs Comforter Set	EA	1	74	74	74	74

Total Weight: 2807.63
 Total Quantity Ordered: 203
 Total Cartons Ordered: 203
 Total Quantity Shipped: 203
 Total Cartons Shipped: 203

Date: 8/9/2019 8:13:58 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000351268	
Name:	E & E COMPANY LTD	 (402)06757163000351268	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohl's Dist. Center - #00890	Location #:	00890
Address:	4300 MBL Drive	Trailer number: 300341	
City/State/Zip:	Ottawa D.C., 00890	Seal number(s): 2925681	
City/State/Zip:	Ottawa, IL 61350	SCAC: ANSH	
CID#:	790172217	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Pro Number:	
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:			
Load #: 790172217			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12420130 Dept#: 611	46	428.05	Y N	
Grand Total	46	428.05		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		46	ctns	428.05		Comforters, Bedspreads	49017	200
1		46		478.05		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 <small>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.</small>		CARRIER SIGNATURE / PICKUP DATE <small>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.</small>	
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	
		Appt Time: In: Out: Driver Signature:	

Order No.: 5095283 Order Date: 07/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420130
 - #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: 08/09/2019
--	--	--	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086569163783	F/Q Moira Quilt	EA	2	26	13	26	13
N/A	91SNB08QTKC	086569163806	K/CK Moira Quilt	EA	2	22	11	22	11
N/A	91SNB08QTSH	086569163837	Moira Sham	EA	4	44	11	44	11
N/A	91SNB08QTTT	086569163745	T/TXL Moira Quilt	EA	2	22	11	22	11

Total Weight:	428.05
Total Quantity Ordered:	114
Total Cartons Ordered:	46
Total Quantity Shipped:	114
Total Cartons Shipped:	46

Date: 8/9/2019 7:57:37 AM

Master Bill Of Lading

Page 1 of 1


SHIP FROM		Master Bill of Lading Number: 06757163000354535	
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 - #00810 DC#: 00810 Div. Address: 7855 County Road 140 Findlay D.C., 00810 City/State/Zip: Findlay, OH 45840 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: JBHU-275666 Seal number(s): 25002669 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# 790172224		<input checked="" type="checkbox"/> MASTER BILL OF LADING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		7:00 ^{AM} _{PM}	7:00 ^{AM} _{PM}
			Driver Departure Time
			8:10 ^{AM} _{PM}
CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)
12471254 Dept#: 211	173	2392.66	Y N
12471296 Dept#: 211	216	3154.99	Y N
Grand Total	389	5547.65	
		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
		06757163000352937	00810
		06757163000352920	00810
CARRIER INFORMATION			
HANDLING UNIT	PACKAGE	WEIGHT LBS	H.M. (X)
QTY TYPE	QTY TYPE		
15 Pallet		760.00	
	389 ctns	5547.65	
15		6297.65	
		Grand Total	
		COMMODITY DESCRIPTION	
		Pallet	
		Comforters, Bedspreads	

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 / 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>W. Morgan</i> 8-9-19	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. <i>[Signature]</i> 8-9-19	

Date: 8/9/2019 7:54:37 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08767163000352937	
Name: E & E COMPANY LTD		 (402)06767163000352937	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: JB Hunt Transport	
VENDOR: 000074879		Responsible Acct.No:	
SHIP TO		Trailer number: JBHU-275886	
Name: Kohl's Dist. Center - #00810		Seal number(s): 25002869	
Address: 7855 County Road 140		SCAC: HJBT	
City/State/Zip: Findlay D.C., 00810		Pro Number:	
CID#: 790172224			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 790172224 Packing List is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12471254	Dept#: 211	173	2392.66	Y	N	
Grand Total		173	2392.66			

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 388</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		173	ctns	2392.66		Comforters, Bedspreads	49017	200
6		173		2392.66		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
--	---

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

PACKING LIST

PAGE 1 OF 1

Order No.: 5098100 Order Date: 07/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471254
- #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: 08/09/2019
--	--	--	-------------------------------------


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	110	110	110	110
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	63	63	63	63

Total Weight: 2392.66
Total Quantity Ordered: 173
Total Cartons Ordered: 173
Total Quantity Shipped: 173
Total Cartons Shipped: 173

Date: 8/9/2019 7:42:41 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00810 Location #: 00810
Address:	221 Hanson Way	Address:	7865 County Road 140
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Findlay D.C., 00810
SID#:		CID#:	790172224
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000352920		CARRIER NAME: JB Hunt Transport	
		Responsible Accl.No:	
(402)06757163000352920		Trailer number: JBHU-275666	
		Seal number(s): 25002669	
		SCAC: HJBT	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: <input checked="" type="checkbox"/> 3rd Party:
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 790172224			
Packing List is Attached			

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
12471296	Dept#: 211	216	3154.99	Y	N			
Grand Total		216	3154.99					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	Pallet			450.00		Pallet		
		216	ctns	3154.99		Comforters, Bedspreads	49017	200
9		216		3604.99		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 / DATE <small>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.</small>		CARRIER SIGNATURE / PICKUP DATE <small>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.</small> Properly described above is received in good order, except as noted.	
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	
		Appt Time: In: Out: Driver Signature:	

PACKING LIST

PAGE 1 OF 1

Order No.: 5097664 Order Date: 07/25/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471296
- #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:
08/09/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086669171771	Q Angelica Comforter Set	EA	1	145	145	145	145
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	71	71	71	71

Total Weight: 3154.99
Total Quantity Ordered: 216
Total Cartons Ordered: 216
Total Quantity Shipped: 216
Total Cartons Shipped: 216

