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Beyond
Vendor Chargeback - Freight Claim

Vendor 28372 E & E CO., LTD. 45875 NORTHPORT LOOP EAST FREMONT CA 94538 Currency Code USD		C/B Invoice Date 10/08/2019		
Freight Claim # 9160686 Carrier 45829 CENTRAL TRANSPORT Pro/Tracking# 777-5800468-1 Store Cedar Rapids Bed Bath & Beyond #342 4840 1St Avenue NE Cedar Rapids IA 52402		Pro/Pickup Date 07/24/2019 Delivery Date 08/01/2019 Chargeback Reason STC,SLC (SHRT/DAMG)		
Inv# 4796715 FC C/B Inv Dte 07/05/2019	PO/Reference# EH5X2UX	Internal Cl# 1034421		
UPC/VIN	Description	S/D	Qty	Unit Cost
0086569110954	CORTONA SC	S	4	\$16.50
0086569200983	CORTONA B RUG PURPLE	S	2	\$12.15
0086569920027	MARBLE SC	S	2	\$11.69
Total Extended Cost				\$113.68
Freight Charge				\$7.96
Total Chargeback Amount				\$121.64

07/05/2019
CTR
39044



Beyond
Vendor Chargeback - Freight Claim

Vendor 28372 E & E CO., LTD. 45875 NORTHPORT LOOP EAST FREMONT CA 94538 Currency Code USD		C/B Invoice Date 10/08/2019		
Freight Claim # 9158119 Carrier 45829 CENTRAL TRANSPORT Pro/Tracking# 777-5800468-1 Store NORMAL Bed Bath & Beyond #290 1700 EAST COLLEGE AVENUE NORMAL IL 61761		Pro/Pickup Date 07/24/2019 Delivery Date 07/30/2019 Chargeback Reason STC,SLC (SHRT/DAMG)		
Inv# 4796725 FC C/B Inv Dte 07/05/2019	PO/Reference# EH6H4HP		Internal Cl# 1034415	
UPC/VIN	Description	S/D	Qty	Unit Cost
0086569917287	MARBLE SLV TUMB	S	2	\$6.65
0086569917331	MARBLE SLV S DSH	S	2	\$6.65
Total Extended Cost				\$26.60
Freight Charge				\$1.86
Total Chargeback Amount				\$28.46

07/05/2019
CTR
39044



Beyond
Vendor Chargeback - Freight Claim

Vendor 69089 E & E CO., LTD./WAMSUTTA 45875 NORTHPORT LOOP EAST FREMONT CA 94538 Currency Code USD		C/B Invoice Date 10/08/2019		
Freight Claim # 9156200 Carrier 45829 CENTRAL TRANSPORT Pro/Tracking# 777-5800468-1 Store SCHAUMBURG Bed Bath & Beyond #39 915 EAST GOLF ROAD SCHAUMBURG IL 60173		Pro/Pickup Date 07/24/2019 Delivery Date 07/29/2019 Chargeback Reason STC,SLC (SHRT/DAMG)		
Inv# 4796760 FC C/B Inv Dte 07/05/2019	PO/Reference# EH6N2YX		Internal Cl# 1034409	
UPC/VIN	Description	S/D	Qty	Unit Cost
0086569010322	WAMSUTTA HOTEL BRDR H	S	8	\$4.85
0086569917287	MARBLE SLV TUMB	S	2	\$6.65
0086569917331	MARBLE SLV S DSH	S	2	\$6.65
Total Extended Cost				\$65.40
Freight Charge				\$4.58
Total Chargeback Amount				\$69.98

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Beyond
Vendor Chargeback - Freight Claim

Vendor 28372 E & E CO., LTD. 45875 NORTHPORT LOOP EAST FREMONT CA 94538 Currency Code USD	C/B Invoice Date 10/08/2019
Freight Claim # 9159549 Carrier 45829 CENTRAL TRANSPORT Pro/Tracking# 777-5800468-1 Store ORLAND PARK Bed Bath & Beyond #276 203 Orland Park Place ORLAND PARK IL 60462	Pro/Pickup Date 07/24/2019 Delivery Date 07/30/2019 Chargeback Reason STC,SLC (SHRT/DAMG)

Inv# 4796747 FC C/B Inv Dte 07/05/2019	PO/Reference# EH6W9QE	Internal Cl# 1034420
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UPC/VIN	Description	S/D	Qty	Unit Cost
0086569110954	CORTONA SC	S	2	\$16.50
0086569112682	ADALINE PURPLE SC	S	2	\$16.50
0086569200983	CORTONA B RUG PURPLE	S	2	\$12.15
0086569917287	MARBLE SLV TUMB	S	2	\$6.65
0086569933638	MARBLE SLV H	S	4	\$5.04

Total Extended Cost	\$123.76
Freight Charge	\$8.66
Total Chargeback Amount	\$132.42



Beyond
Vendor Chargeback - Freight Claim

Vendor 28372 E & E CO., LTD. 45875 NORTHPORT LOOP EAST FREMONT CA 94538 Currency Code USD		C/B Invoice Date 10/08/2019		
Freight Claim # 9157517 Carrier 45829 CENTRAL TRANSPORT Pro/Tracking# 777-5800468-1 Store NAPERVILLE Bed Bath & Beyond #133 704 SOUTH ROUTE 59 NAPERVILLE IL 60540		Pro/Pickup Date 07/24/2019 Delivery Date 07/29/2019 Chargeback Reason STC,SLC (SHRT/DAMG)		
Inv# 4796777 FC C/B Inv Dte 07/05/2019	PO/Reference# EH7K5BF	Internal Cl# 1034413		
UPC/IN	Description	S/D	Qty	Unit Cost
0086569112729	CORTONA B PURPLE	S	4	\$7.20
0086569933638	MARBLE SLV H	S	12	\$5.04
Total Extended Cost				\$89.28
Freight Charge				\$6.25
Total Chargeback Amount				\$95.53



Beyond
Vendor Chargeback - Freight Claim

Vendor 28372 E & E CO., LTD. 45875 NORTHPORT LOOP EAST FREMONT CA 94538 Currency Code USD		C/B Invoice Date 10/08/2019		
Freight Claim # 9158131 Carrier 45829 CENTRAL TRANSPORT Pro/Tracking# 777-5800468-1 Store Forest Park Bed Bath & Beyond #791 215 Harlem Avenue Forest Park IL 60130		Pro/Pickup Date 07/24/2019 Delivery Date 07/30/2019 Chargeback Reason STC,SLC (SHRT/DAMG)		
Inv# 4796803 FC C/B Inv Dte 07/05/2019	PO/Reference# EH7X7ER		Internal Cl# 1034418	
UPC/VIN	Description	S/D	Qty	Unit Cost
0086569110954	CORTONA SC	S	2	\$16.50
0086569917287	MARBLE SLV TUMB	S	2	\$6.65
0086569933638	MARBLE SLV H	S	4	\$5.04
Total Extended Cost				\$66.46
Freight Charge				\$4.65
Total Chargeback Amount				\$71.11



Beyond
Vendor Chargeback - Freight Claim

Vendor 28372 E & E CO., LTD. 45875 NORTHPORT LOOP EAST FREMONT CA 94538 Currency Code USD		C/B Invoice Date 10/08/2019		
Freight Claim # 9159523 Carrier 45829 CENTRAL TRANSPORT Pro/Tracking# 777-5800468-1 Store CRYSTAL LAKE Bed Bath & Beyond #190 5786 NORTHWEST HIGHWAY CRYSTAL LAKE IL 60014		Pro/Pickup Date 07/24/2019 Delivery Date 07/30/2019 Chargeback Reason STC,SLC (SHRT/DAMG)		
Inv# 4796804 FC C/B Inv Dte 07/05/2019	PO/Reference# EH7X6ZW		Internal Cl# 1034419	
UPC/VIN	Description	S/D	Qty	Unit Cost
0086569933652	MARBLE SLV FT	S	4	\$2.68
Total Extended Cost				\$10.64
Freight Charge				\$0.74
Total Chargeback Amount				\$11.38



Beyond
Vendor Chargeback - Freight Claim

Vendor 28372 E & E CO., LTD. 45875 NORTHPORT LOOP EAST FREMONT CA 94538 Currency Code USD		C/B Invoice Date 10/08/2019		
Freight Claim # 9158129 Carrier 45829 CENTRAL TRANSPORT Pro/Tracking# 777-5800468-1 Store Joliet Bed Bath & Beyond #628 2850 Plainfield Road Joliet IL 60435		Pro/Pickup Date 07/24/2019 Delivery Date 07/30/2019 Chargeback Reason STC,SLC (SHRT/DAMG)		
Inv# 4796894 FC C/B Inv Dte 07/05/2019	PO/Reference# EH6R6CQ		Internal Cl# 1034417	
UPC/VIN	Description	S/D	Qty	Unit Cost
0086569112729	CORTONA B PURPLE	S	4	\$7.20
Total Extended Cost				\$28.80
Freight Charge				\$2.02
Total Chargeback Amount				\$30.82



Beyond
Vendor Chargeback - Freight Claim


Vendor 28372 E & E CO., LTD. 45875 NORTHPORT LOOP EAST FREMONT CA 94538 Currency Code USD		C/B Invoice Date 10/08/2019		
Freight Claim # 9161226 Carrier 45829 CENTRAL TRANSPORT Pro/Tracking# 777-5800468-1 Store MADISON Bed Bath & Beyond #132 215 JUNCTION ROAD MADISON WI 53717		Pro/Pickup Date 07/24/2019 Delivery Date 08/01/2019 Chargeback Reason STC,SLC (SHRT/DAMG)		
Inv# 4796899 FC C/B Inv Dte 07/05/2019	PO/Reference# EH6T5VE	Internal Cl# 1034423		
UPC/VIN	Description	S/D	Qty	Unit Cost
0086589110954	CORTONA SC	S	2	\$16.50
0086589917331	MARBLE SLV S DSH	S	2	\$6.65
Total Extended Cost				\$46.30
Freight Charge				\$3.24
Total Chargeback Amount				\$49.54



Beyond
Vendor Chargeback - Freight Claim

Vendor 28372 E & E CO., LTD. 45875 NORTHPORT LOOP EAST FREMONT CA 94538 Currency Code USD		C/B Invoice Date 10/08/2019		
Freight Claim # 9156201 Carrier 45829 CENTRAL TRANSPORT Pro/Tracking# 777-5800468-1 Store WILMETTE Bed Bath & Beyond #64 3232 LAKE AVE, SUITE 125 WILMETTE IL 60091		Pro/Pickup Date 07/24/2019 Delivery Date 07/29/2019 Chargeback Reason STC,SLC (SHRT/DAMG)		
Inv# 4796921 FC C/B Inv Dte 07/05/2019	PO/Reference# EH6Y6XD		Internal Cl# 1034411	
UPC/VIN	Description	S/D	Qty	Unit Cost
0086569933638	MARBLE SLV H	S	4	\$5.04
Total Extended Cost				\$20.16
Freight Charge				\$1.41
Total Chargeback Amount				\$21.57

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: FOB:

Bill of Lading Number: 06757163000339044

 (402)06757163000339044

SHIP TO
 Name: Bed Bath & Beyond #2625 Location #: CHI-VDP
 Address: DEMAR LOGISTICS
 376 LIES RD, CHI-VDP
 City/State/Zip: CAROL STREAM, IL 60188
 CID#: MVDP5543925 FOB:
 Dept:

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL1700116
 Seal number(s):
SCAC: CTII
Pro Number: 777-5800468-1

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002


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

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 028372
 MVDP5543925

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
12-2 AM PM	2:04 AM PM	2:08 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CC5V9WS	1	8.04	Y N	 777-5800468-1 B/L <small>Subject to: NMF 100; CT 100/CT 101 Rules Tariffs; 49 USC 14706 and 49 CFR 370 Driver's signature only acknowledges receipt of freight</small>
CC5V9XJ	7	23.48	Y N	
CC5W4MX	4	13.14	Y N	
CC5X6PS	7	25.71	Y N	
CC5X9ZA	6	11.37	Y N	
EH5F7ED	1	5.42	Y N	
EH5J8JF	2	3.40	Y N	
EH5P9NF	1	5.07	Y N	
EH5P9NM	2	16.08	Y N	
EH5X2MA	1	8.04	Y N	
EH5X2UX	6	23.55	Y N	
EH5X5VQ	3	9.91	Y N	
EH5X5WH	1	5.51	Y N	

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

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

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

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

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

Shipper Signature


SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. <i>Also m^o 7-519</i>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. <i>milut 7/26/19 (3) sec</i>
	1700116		

Date: 7/5/2019 2:07:44 PM

Bill Of Lading

Page 2 of 10

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000339044

 (402)06757163000339044

SHIP TO
 Name: Bed Bath & Beyond #2625 Location #: CHI-VDP
 Address: DEMAR LOGISTICS
 376 LIES RD, CHI-VDP
 City/State/Zip: CAROL STREAM, IL 60188
 CID#: MVDP5543925 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL1700116
 Seal number(s):
 SCAC: CTII
 Pro Number: 777-5800468-1


THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: **X** 3rd Party: _____
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 028372
 MVDP5543925

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
EH6B5PQ	2	3.93	Y N	 777-5800468-1 BL Pg 2
EH6D8FM	2	7.60	Y N	
EH6D8NB	7	30.88	Y N	
EH6D9ES	4	41.67	Y N	
EH6E2DK	3	16.53	Y N	
EH6F5KR	15	64.33	Y N	
EH6F5LK	1	5.51	Y N	
EH6G8FS	2	11.02	Y N	
EH6G8GV	18	61.28	Y N	
EH6G8XB	3	12.67	Y N	
EH6G8YB	6	25.55	Y N	
EH6H4HP	13	54.96	Y N	
EH6H7SA	1	1.14	Y N	

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

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

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

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


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

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

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

Shipper Signature
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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000339044

 (402)06757163000339044

SHIP TO
 Name: Bed Bath & Beyond #2625 Location #: CHI-VDP
 Address: DEMAR LOGISTICS
 376 LIES RD, CHI-VDP
 City/State/Zip: CAROL STREAM, IL 60188
 CID#: MVDP5543925 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Traller number: TL1700116
 Seal number(s):
SCAC: CTII
Pro Number: 777-6800468-1

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 028372
 MVDP5543925

Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
EH6H8BQ	2	5.11	Y	N	
EH6H8DQ	1	5.07	Y	N	
EH6J8CN	1	5.42	Y	N	
EH6J9XJ	4	17.74	Y	N	
EH6K8EP	10	46.95	Y	N	
EH6K8GH	1	5.51	Y	N	
EH6M4XE	11	49.05	Y	N	
EH6M4YA	3	16.53	Y	N	
EH6M9CZ	1	2.09	Y	N	
EH6N2EZ	2	6.50	Y	N	
EH6N2VQ	3	9.69	Y	N	
EH6N2YX	16	36.62	Y	N	
EH6N8SE	2	6.04	Y	N	


777-5800468-1 BL Pg 3

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

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

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

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


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

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIP FROM:
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000339044

 (402)06757163000339044

SHIP TO:
 Name: Bed Bath & Beyond #2625 Location #: CHI-VDP
 Address: DEMAR LOGISTICS
 376 LIES RD, CHI-VDP
 City/State/Zip: CAROL STREAM, IL 60188
 CID#: MVDP5543925 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL1700116
 Seal number(s):
SCAC: CTII
Pro Number: 777-5800468-1

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** X **3rd Party:** _____
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 BB & B Vendor #: 028372
 MVDP5543925

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
EH6Q7RB	1	5.42	Y N	
EH6R2PA	8	39.78	Y N	
EH6R2QB	1	5.51	Y N	
EH6R2QP	6	22.20	Y N	
EH6R2QT	10	37.52	Y N	
EH6R4QS	2	6.96	Y N	
EH6R6BT	1	8.04	Y N	
EH6R6CQ	8	27.43	Y N	777-5800468-1
EH6R6SS	3	17.54	Y N	
EH6R7RV	7	21.93	Y N	
EH6R8HA	2	10.58	Y N	
EH6R9CB	1	2.09	Y N	
EH6R9DJ	4	22.88	Y N	

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

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

NOTE Liability Lmiltation 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 U.S. DOT.

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets sold to contain By Driver/Places

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000339044

 (402)06757163000339044

SHIP TO
 Name: Bed Bath & Beyond #2625 Location #: CHI-VDP
 Address: DEMAR LOGISTICS
 376 LIES RD, CHI-VDP
 City/State/Zip: CAROL STREAM, IL 60188
 CID#: MVDP5543925 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL1700116
 Seal number(s):
SCAC: CTII
Pro Number: 777-5800468-1

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 028372
 MVDP5543925

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
EH6S6MU	7	30.61	Y N	
EH6S6NB	2	13.62	Y N	
EH6T6VE	10	35.66	Y N	
EH6T6ZV	1	2.09	Y N	
EH6T6JZ	2	8.95	Y N	
EH6T7NB	13	64.79	Y N	
EH6T7NK	1	7.53	Y N	
EH6T7NQ	24	71.72	Y N	777-5800468-1
EH6U2MF	9	35.38	Y N	
EH6U3HV	5	22.81	Y N	
EH6V9WK	4	13.38	Y N	
EH6W3MN	1	8.04	Y N	
EH6W3TH	4	15.20	Y N	

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

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

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

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


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

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000339044

 (402)06757163000339044

SHIP TO
 Name: Bed Bath & Beyond #2625 Location #: CHI-VDP
 Address: DEMAR LOGISTICS
 376 LIES RD, CHI-VDP
 City/State/Zip: CAROL STREAM, IL 60188
 CID#: MVDP5543925 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL1700116
 Seal number(s):
 SCAC: CTII
 Pro Number: 777-5800468-1

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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

SPECIAL INSTRUCTIONS:
 BB & B Vendor #: 028372
 MVDP5543925

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
EH6W3TL	13	53.76	Y	N	
EH6W8KK	3	14.86	Y	N	
EH6W9NZ	3	16.53	Y	N	
EH6W9QE	48	192.15	Y	N	
EH6Y3BN	2	6.18	Y	N	
EH6Y3HV	1	3.41	Y	N	
EH6Y6XD	19	91.05	Y	N	
EH6Y7CK	6	24.83	Y	N	777-5800468-1
EH6Z2YB	2	10.68	Y	N	
EH7B6SS	4	12.68	Y	N	
EH7B6TD	1	5.51	Y	N	
EH7C2HH	5	19.73	Y	N	
EH7C2HR	1	5.51	Y	N	

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 U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Date: 7/5/2019 2:07:44 PM

Bill Of Lading

Page 7 of 10

SHIP FROM:		Bill of Lading Number: 06757163000339044	
Name: E & E COMPANY LTD - 028372		 (402)06757163000339044	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SiD#: <input type="checkbox"/> FOB:			

SHIP TO:		CARRIER NAME: Central Transport	
Name: Bed Bath & Beyond #2825	Location #: CHI-VDP	Responsible Acct.No:	
Address: DEMAR LOGISTICS		Trailer number: TL1700116	
376 LIES RD, CHI-VDP		Seal number(s):	
City/State/Zip: CAROL STREAM, IL 60188		SCAC: CTII	
CID#: MVDP5543925	FOB: <input type="checkbox"/>	Pro Number: 777-5800468-1	
Dept:			

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Name: Bed Bath & Beyond c/o			
Address: Berman Blake Associates			
PO Box 9202			
City/State/Zip: Old Bethpage, NY 11804-9002			

SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
BB & B Vendor #: 028372 MVDP5543925		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
EH7C6EZ	1	3.41	Y N		
EH7C6JQ	2	7.16	Y N		
EH7C6PR	4	17.20	Y N		
EH7E2BA	4	20.72	Y N		
EH7E2BJ	2	6.50	Y N		
EH7E4LB	4	12.43	Y N		
EH7E4ZG	2	10.58	Y N		
EH7F5CE	20	85.27	Y N		
EH7F5FQ	2	11.02	Y N		777-5800 468-1
EH7F5PE	7	24.59	Y N		
EH7G5XA	1	5.51	Y N		
EH7G6CR	12	63.11	Y N		
EH7G9ZT	1	4.62	Y N		


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. <div style="text-align: right;">Shipper Signature</div>
--	---

SHIPPER SIGNATURE / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP 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 U.S. DOT.	<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	Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000339044

 (402)06757163000339044

SHIP TO
 Name: Bed Bath & Beyond #2825 Location #: CHI-VDP
 Address: DEMAR LOGISTICS
 376 LIES RD, CHI-VDP
 City/State/Zip: CAROL STREAM, IL 60188
 CID#: MVDP5543925 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL1700116
 Seal number(s):
 SCAC: CTII
 Pro Number: 777-5800468-1

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 028372
 MVDP5543925

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
EH7J6CU	7	22.50	Y	N	
EH7J6MW	8	37.24	Y	N	
EH7J8KP	1	3.41	Y	N	
EH7K5BD	1	5.51	Y	N	
EH7K5BF	13	51.35	Y	N	
EH7K6WM	3	8.62	Y	N	
EH7K6XT	5	23.69	Y	N	
EH7R9NZ	2	6.96	Y	N	
EH7S4QD	11	25.99	Y	N	777-5800468-1
EH7T4XL	5	18.18	Y	N	
EH7W2CB	1	8.04	Y	N	
EH7W2EG	1	2.09	Y	N	
EH7W2GZ	11	41.14	Y	N	

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 U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000339044

 (402)06757163000339044

SHIP TO
 Name: Bed Bath & Beyond #2625 Location #: CHI-VDP
 Address: DEMAR LOGISTICS
 376 LIES RD, CHI-VDP
 City/State/Zip: CAROL STREAM, IL 60188
 CID#: MVDP5543925 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL1700116
 Seal number(s):
SCAC: CTII
 Pro Number: 777-5800468-1

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 028372
 MVDP5543925

Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
EH7W8GB	2	11.08	Y	N	
EH7X6WU	2	4.91	Y	N	
EH7X6XC	3	16.09	Y	N	
EH7X6ZW	10	31.28	Y	N	
EH7X7ER	16	52.30	Y	N	
EH7X7GZ	1	2.09	Y	N	
EH8B7AY	8	47.46	Y	N	
EH8B7JF	7	31.29	Y	N	
Grand Total	601	2445.99			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	CUBE	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
3	Pallet			150.00		Pallet	150390.4	70

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

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

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

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


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

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000339044

 (402)06757163000339044

SHIP TO
 Name: Bed Bath & Beyond #2625 Location #: CHI-VDP
 Address: DEMAR LOGISTICS
 376 LIES RD, CHI-VDP
 City/State/Zip: CAROL STREAM, IL 60188
 CID#: MVDP5543925 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL1700116
 Seal number(s):
 SCAC: CTII
 Pro Number: 777-5800468-1

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 028372
 MVDP5543925

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	CUBE	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	
		3	ctns	45.67		Comforters, Bedspreads	49017	200	
		7	ctns	56.28		Framed Goods	76580 Sub 5	125	
		391	ctns	1462.47		Pillows, Valance, Towels	49390	100	
		66	ctns	312.52		Rugs	70970-5	125	
		134	ctns	569.05		Shower curtain	49385	77.5	
3		601		2595.99		Grand Total			

777-5800468-1

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

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

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

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

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

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

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

SHIPPER SIGNATURE
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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Manifest



6052625072219112037

BED BATH & BEYOND
STORE 2625

CENTRAL TRANSPORT
DROPPED TRAILER MANIFEST
TRLR: 1800437
SEAL: 08976342

DATE: 07/22/2019
TIME: 11:20:37
PAGE: 1 OF 10

CAROL STREAM, IL 60188 MANIFEST#: 6052625072219112037
S/C: CRT TEL# (586) 467-1900

PRO#	SHIPPER NAME	P	BILLED	SWI	LOADER
P/U DATE	CITY/ST ZIP	C	PCS WGT	Y/N	INITIALS
777-5800468-1 RO	95776957771	C	601 2596.		CT-60577
07/08/19	B-E CO LTD WOODLAND, CA 95776		RCVD: _____		

PO Number	CTN	CT	RECEIVER #
EH6H8BQ	_____	_____	_____
EH6H8DQ	_____	_____	_____
EH6JBCN	_____	_____	_____
EH6J9XJ	_____	_____	_____
EH6K6EP	_____	_____	_____
EH6K6GH	_____	_____	_____
EH6M4XE	_____	_____	_____
EH6M4YA	_____	_____	_____
EH6M9CZ	_____	_____	_____
EH6N2EZ	_____	_____	_____
EH6N2VQ	_____	_____	_____
EH6N2YX	_____	_____	_____
EH6N8SE	_____	_____	_____
EH7J6CU	_____	_____	_____
EH7J6MW	_____	_____	_____
EH7JBKP	_____	_____	_____
EH7K5BF	_____	_____	_____
EH7K6WM	_____	_____	_____
EH7W2GZ	_____	_____	_____

TOTAL H/U: SKIDS 1 OTHER 0 TOTAL PIECES: 601
O _____ S _____ D _____ OSD#:

777-6411934-1 FA	92335921586	C	674 5704	CT-60525
07/10/19	BRADSHAW INT FONTANA, CA 92335		RCVD: _____	

PO Number	CTN	CT	RECEIVER #
EH8F3YU	_____	_____	_____
EH9A9GN	_____	_____	_____
EH9L9RD	_____	_____	_____
EH9L9SG	_____	_____	_____
EH9M4AV	_____	_____	_____
EH9M4HC	_____	_____	_____
EH9M8FB	_____	_____	_____
EH9N3GC	_____	_____	_____
EH9N3HE	_____	_____	_____
EH9Q7NG	_____	_____	_____
EH9R4YF	_____	_____	_____
EH9R5FM	_____	_____	_____
EH9R9AF	_____	_____	_____
EH9S9AV	_____	_____	_____
EH9S9CN	_____	_____	_____
EH9T3NY	_____	_____	_____
EH9T5BB	_____	_____	_____
EH9T5BP	_____	_____	_____
EH9T6CG	_____	_____	_____
EH9V4KH	_____	_____	_____
EH9V4PP	_____	_____	_____
EH9V9RG	_____	_____	_____
EH9X3DL	_____	_____	_____
EH9X3FF	_____	_____	_____
EH9X9AU	_____	_____	_____
EH9Y8YV	_____	_____	_____
EH9Y9FC	_____	_____	_____

Central Transport


5551


1800437 07/22/2019 11:22

601
CTN

TL 1700116

Date: 7/5/2019 2:07:44 PM **Bill Of Lading** Page 1 of 10

SHIP FROM		Bill of Lading Number: 08767163000339044	
Name:	E & E COMPANY LTD - 026372	 (402)06757163000339044	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
SHIP TO		CARRIER NAME: Central Transport	
Name:	Bed Bath & Beyond #2825	Location #:	CHI-VDP
Address:	DEMAR LOGISTICS	Responsible Acct.No:	
	376 LIES RD, CHI-VDP	Trailer number: TL1700116	
City/State/Zip:	CAROL STREAM, IL 60188	Seal number(s):	
CID#:	MVDP6543926	SCAC: CTI	
Dept:		Pro Number: 777-8800468-1	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Bed Bath & Beyond c/o	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:	Berman Blake Associates	Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>	
	PQ Box 9202	Appointment Time: 12-2 AM Actual Driver Arrival Time: 2:04 AM Driver Departure Time: 2:08 AM	
City/State/Zip:	Old Bethpage, NY 11804-9002		
SPECIAL INSTRUCTIONS:			
BB & B Vendor # : 028372			
MVDP6543926			

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
CC5V9WS	1	8.04	Y	N	 777-5800468-1 B/L <small>Subject to HRFQ 100, CT 100NOT 101 Rules Tariff: 49 USC 14706 and 49 CFR 370 Driver's signature only acknowledges receipt of freight</small>	
CC5V9XJ	7	23.48	Y	N		
CC6W4MX	4	13.14	Y	N		
CC5X6PS	7	25.71	Y	N		
CC5X9ZA	6	11.37	Y	N		
EH5F7ED	1	5.42	Y	N		
EH5J8JF	2	3.40	Y	N		
EH5P9NF	1	5.07	Y	N		
EH5P9NM	2	16.08	Y	N		
EH5X2MA	1					
EH5X2UX	6					
EH5X5VQ	3					
EH5X5WH	1					

P&C# 2625 RECEIPT DATE 07-24-19
 BBB MGR : EA
 PLTS SHIPPED 3 PLTS RECEIVED 1
 CTNS SHIPPED 601 CTNS RECEIVED 101
 EXCEPTIONS YES NO
 #CTNS SHORT 500 #CTNS OVER 0 #CTNS DMG 1
 OS&D# 1926250924
 OS&D DATE 07-25-19 OS&D TIME 8:33PM
 OS&D CONTACT: WEBSITE

Write the rate is dependent on value, shippers are required to stated apr declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper."
 NOTE Liability Limitation for loss or damage

RECEIVED, subject to individually determined rates or contracts that apply between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that govern transportation by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

SHIPPER SIGNATURE / DATE <i>Also m^o 7-5-19</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 used to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE <i>mike 7/25/19 (3)</i>
--	---	--	--

1700116

Run Date: 07/25/19
App Date: 07/25/19

Demar Logistics - Chicago
Final Over, Short & Damaged Reconciliation Report

Page: 1
Time: 7:01 PM CPT

Trailer: BBB TH1700116
Close Date: 07/05/19 Arrival Date: 07/25/19 Origin: NO SCAN Seal #: TH1700116 Seal Cond: Intact
Carrier: CTII Carrier Pro: Arv Seal #: 07262019
MBOI #: 06757163000339044

Trailer TOTALS:
Damaged: Over: 1 Short: 0 Out-Area: 500 Match: 101 Bad-rec: 0 ASN: 601 OSD: 101 Pallets: 100 Total Pallets: 57 Loose Cartons: 1

Carton Number Store Vendor Purchase Order Carton Number
CARTONS NOT ON PALLETTS - Operator's Region
00006757166375286777 0839 E & E CO., LTD./M EH7B6TD

Vendor: 069089 E & E CO., I Carrier: 221 Hanson Way
Woodland, CA 95776
Carrier Pro: 777-5800468-1 MBOI #: 06757163000339044

Scanned Trailer totals to Vendor BOL:
Damaged: Over: 1 Short: 0 Out-Area: 500 Match: 0 Bad-rec: 0 BOL: 601 Scanned: 101 Pallets: 100 Total Pallets: 57 Loose Cartons: 94
Scanned Trailer totals to Vendor ASN:
Over: 0 Short: 500 Match: 101 ASN: 601

Cartons On Vendor/Building ASN not scanned into building (SHORTS)

Store PO #	Carton Number	Store PO #	Carton Number	Store PO #	Carton Number
0032 EH6R2QT	00006757166375248720	0032 EH6R2QT	00006757166375248737	0032 EH6R2QT	00006757166375248744
0032 EH6R2QT	00006757166375248751	0032 EH6R2QT	00006757166375248768	0032 EH6R2QT	00006757166375248775
0032 EH6R2QT	00006757166375248782	0032 EH6R2QT	00006757166375248799	0032 EH6R2QT	00006757166375248805
0032 EH6R2QT	00006757166375248812	0032 EH6R2PA	00006757166375248829	0032 EH6R2PA	00006757166375248836
0032 EH6R2PA	00006757166375248843	0032 EH6R2PA	00006757166375248850	0032 EH6R2PA	00006757166375248874
0032 EH6R2PA	00006757166375248881	0032 EH6R2PA	00006757166375248898	0036 EH7E2BF	00006757166375249024

500
GT

Ln 7775800468

Date: 7/5/2019 2:07:44 PM

Bill of Lading

Page 1 of 10

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 96776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000339044 9901



(402)06757163000339044

SHIP TO
 Name: Bed Bath & Beyond #2625 Location #: CHI-VDP
 Address: DEMAR LOGISTICS
 376 LIES RD, CHI-VDP
 City/State/Zip: CAROL STREAM, IL 60188
 CID#: MVDP5543925 FOB:
 Dept: _____

CARRIER NAME: Central Transport
Responsible Acct.No: _____
Trailer number: TL1700116
Seal number(s): _____
SCAC: CTII
Pro Number: 777-5800468-1

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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

Prepaid: Collect: X 3rd Party: _____

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

SPECIAL INSTRUCTIONS:

BB & B Vendor # : 028372
MVDP5543925

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
12-2 AM	2:04 AM	2:08 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CC6V9WS	1	8.04	Y N	 777-5800468-1 B/L <small>Subject to: NACFI 100; CT 100(OT 10) Rules Tariffs; 40 USC 14726 and 40 CFR 370 Private Signatures only acknowledging receipt of freight</small>
CC5V9XJ	7	23.48	Y N	
CC5W4MX	4	13.14	Y N	
CC5X6PS	7	25.71	Y N	
CC5X9ZA	6	11.37	Y N	
EH5F7ED	1	5.42	Y N	
EH5J8JF	2	3.40	Y N	
EH5P9NF	1	5.07	Y N	
EH5P9NM	2	16.08	Y N	
EH5X2MA	1			
EH5X2UX	6			
EH5X5VQ	3			
EH5X6WH	1			

P&C# 2625 RECEIPT DATE 07-25-19

BBB MGR : EA

PLTS SHIPPED 3 PLTS RECEIVED 2

CTNS SHIPPED 601 CTNS RECEIVED 363

EXCEPTIONS YES NO

#CTNS SHORT 137 #CTNS OVER 0 #CTNS DMG 0

OS&D# 1926250943

OS&D DATE 07-26-19 OS&D TIME 7:50 PM

OS&D CONTACT: WEBSITE

Where the rate is dependent on value, shippers are required to stated special declared value of the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper _____ per _____"

NOTE Liability Limitation for loss or damage

RECEIVED, subject to individually determined rates or contracts that have been established by the carrier and are available to the shipper, on request, and federal regulations.

Shipper Signature

SHIPPER SIGNATURE / DATE
Title 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 U.S. DOT.
Also m^o 7-519

Trailer Loaded: By Shipper By Driver
 Freight Counted: By Shipper By Driver/pallets paid to carrier 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
milute 7/31/19 (3) Sec

1700116

Run Date: 07/26/19
App Date: 07/26/19

Demar Logistics - Chicago
Final Over, Short & Damaged Reconciliation Report

Page: 1
Time: 6:12 PM CDT

Trailer: BBB 7775800468
Close Date: 07/25/19 Arrival Date: 07/26/19 Origin: NON-EDI Seal #: 07262019 Seal Cond: Intact
Carrier: CTTI Carrier Pro:
Arv Seal #: 07262019

Trailer TOTALS:
Damaged: Over: 0 Short: 137 Out-Area: 0 Match: 363 Bad-rec: 0 ASN: 500 OSD: 363 Pallets: 363 Pallets: 75 Cartons: 0
CTNS on Total Loose

Vendor: 028372 E & E CO., I Carrier: 777-5800468-1 Carrier Pro: 777-5800468-1
221 HANSON WAY
WOODLAND, CA 95776
MBOL #: 067571630003390449901

Scanned Trailer totals to Vendor BOL:
Damaged: Over: 0 Short: 137 Out-Area: 0 Match: 0 Bad-rec: 0 BOL: 500 Scanned: 363 Pallets: 363 Pallets: 75 Cartons: 0
Scanned Trailer totals to Vendor ASN:
Over: Short Match: ASN:
363 0 0 0

Cartons On Vendor/Building ASN not scanned into building (SHORTS)

Store PO #	Carton Number	Store PO #	Carton Number	Store PO #	Carton Number
------------	---------------	------------	---------------	------------	---------------

*** All cartons on the Vendor/Building ASN were scanned into the building ***

Cartons Not on Vendor/Building ASN but scanned into building (OVERS)

Store PO #	Carton Number	ASN BOL #	Store PO #	Carton Number	ASN BOL #
0032	EH6R2QT	00006757166375248720	0032	EH6R2QT	06757163000339044
0032	EH6R2QT	00006757166375248744	0032	EH6R2QT	06757163000339044
0032	EH6R2QT	00006757166375248768	0032	EH6R2QT	06757163000339044
0032	EH6R2QT	00006757166375248782	0032	EH6R2QT	06757163000339044
0032	EH6R2QT	00006757166375248805	0032	EH6R2QT	06757163000339044



Pro Number
777-5800468-1

Ship Date
2019-07-08

Reference Number
MVDP5543925

Org DC
958 605

Freight Terms
Freight Charges Are Collect

P.O. Number
EH6H8BQ

SCAC:

Consignee:

BB - B 2625 % DEMAR LOGISTICS
376 E LIES RD
CAROL STREAM, IL 60188

Shipper:

E-E CO LTD
221 HANSON WAY
WOODLAND, CA 95776

Special Instructions

Date: 7/6/2019 2:07:44 PM		Bill Of Lading	Page 3 of 10	
SHIP FROM		Bill of Lading Number: 08767183000339044		
Name: E & E COMPANY LTD - 028372		<p>(402)06757183000339044</p>		
Address: 221 Hanson Way				
City/State/Zip: Woodland, CA 05770				
SID#: _____ FOB: <input type="checkbox"/>				
SHIP TO		CARRIER NAME: Central Transport		
Name: Bed Bath & Beyond #2026		Responsible Acct.No:		
Address: DEMAR LOGISTICS		Trailer number: TL1700' 16		
376 LIES RD, CHI-VDP		Seal number(s):		
City/State/Zip: CAROL STREAM, IL 60188		9CAG: CTI		
CID#: MVDP5543925		Pro Number: 777-5800468-1		
Dept: _____ FOB: <input type="checkbox"/>				
THIRD PARTY FREIGHT CHARGES BILL TO:				
Name: Bed Bath & Beyond c/o		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) <input type="checkbox"/>		
Address: Bertram Blake Associates				
PO Box 9202				
City/State/Zip: Old Bethpage, NY 11004-0002				
SPECIAL INSTRUCTIONS: BB & B Vendor #: 028372 MVDP5543925		Appointment Time: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____ AM PM AM PM AM PM		
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
EH6H8BQ	2	5.11	Y N	<p>777-5800468-1 DL Pg 3</p>
EH6H8DQ	1	5.07	Y N	
EH6J8CN	1	5.42	Y N	
EH6J9XJ	4	17.74	Y N	
EH6K8EP	10	46.95	Y N	
EH6K8GH	1	6.61	Y N	
EH6M4XE	11	49.05	Y N	
EH6M4YA	3	16.63	Y N	
EH6M9CZ	1	2.09	Y N	
EH6N2EZ	2	6.50	Y N	
EH6N2VQ	3	6.69	Y N	
EH6N2YX	16	36.62	Y N	
EH6N8SE	2	6.04	Y N	
(When the rate is dependent on value, a release is required to stated specifically in writing the agreed or declared value of the property to be shipped. The agreed or declared value of the property to be shipped is 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(e)(1)(A) and (B).				Shipper Signature _____
RECEIVED - subject to bill of lading by driver's seal and/or marks that have been signed upon in writing before the carrier's receipt of packages and required documents. Carrier's emergency response information may be available on carrier's website. The U.S. DOT's emergency response guidelines or equivalent regulations apply.		The carrier shall not make delivery of this shipment without payment of freight and a full amount of charges.		
SHIPPER SIGNATURE / DATE This is to certify that the above named parties are properly classified, packaged, marked and sealed, and are in proper condition for transportation according to the applicable regulations of the U.S. 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/Pallets		
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required documents. Carrier's emergency response information may be available on carrier's website. The U.S. DOT's emergency response guidelines or equivalent regulations apply.				

Central Transport Delivery Receipt

Pro Number **777-5800468-1**

Additional Delivery Services Requested

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Inside Delivery | <input type="checkbox"/> Sort - Segregate | <input type="checkbox"/> Driver Delay |
| <input type="checkbox"/> Residential Delivery | <input type="checkbox"/> Liftgate | <input type="checkbox"/> Redelivery |

By signing below, Consignee acknowledges that additional delivery service was performed and agrees to pay any and all additional delivery service fees at the rate(s) listed above.

Customer Signature _____ Date _____

Firm BB - B 2625 % DEMAR LOGISTICS

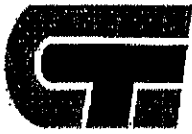
By
Shipment received in good order

HUs Received 1

Driver CT-605281 (1800437) Date 7/24/2019

Arrive Time 9:12 AM Depart Time 9:13 AM

Date <u>7/24/2019</u>	# And Type of Container _____	# And Type of PCS _____	Exception Type _____
Log # _____	Total Exceptions _____		



Pro Number
777-5800468-1

Ship Date
2019-07-08

Reference Number
MVDP5543925

Org DC
958 605

Freight Terms
Freight Charges Are Collect

P.O. Number
EH6H8BQ

SCAC:

Consignee:

BB - B 2625 % DEMAR LOGISTICS
376 E LIES RD
CAROL STREAM, IL 60188

Shipper:

E-E CO LTD
221 HANSON WAY
WOODLAND, CA 95776

Special Instructions

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO	
Name:	E & E COMPANY LTD - 028372	Name:	Bed Bath & Beyond #2625	Name:	Bed Bath & Beyond c/o
Address:	221 Hanson Way	Address:	DEMAR LOGISTICS 376 LIES RD, CHI-VDP	Address:	Berman Blake Associates PO Box 9202
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	CAROL STREAM, IL 60188	City/State/Zip:	Old Bethpage, NY 11804-9002
SI#: _____	FOB: <input type="checkbox"/>	CID#: _____	FOB: <input type="checkbox"/>	SPECIAL INSTRUCTIONS:	BB & B Vendor #: 028372 MVDP5543925
Bill of Lading Number: 08757163000339044		CARRIER NAME: Central Transport		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Responsible Acct.No:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
(402)06757163000339044		Trailer number: TL1700*18		Master Bill of Lading: with attached underlying Bills of Lading	
		Seal number(s):		Appointment Time: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____	
		SCAC: CTI		AM _____ PM _____ AM _____ PM _____	
		Pro Number: 777-5800468-1			
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
EH6H8BQ	2	5.11	Y N		
EH6HBDQ	1	5.07	Y N		
EH6J8CN	1	5.42	Y N		
EH6J8XJ	4	17.74	Y N		
EH6K8EP	10	46.95	Y N		
EH6K8GH	1	5.81	Y N		
EH6M4XE	11	49.06	Y N		
EH6M4YA	3	16.53	Y N		
EH6M6CZ	1	2.09	Y N		
EH6N2EZ	2	6.50	Y N		
EH6N2VQ	3	9.69	Y N		
EH6N2YX	16	36.62	Y N		
EH6N8SE	2	6.04	Y N		
COD Amount:			Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>		
*The agreed or estimated value of the property is subject to the shipper's declaration.			Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in the shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).					
SHIPPER SIGNATURE / DATE			Trailer Loaded:		Freight Counted:
I declare that the above goods are properly packed, packaged, crated and sealed, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to consignee <input type="checkbox"/> By Driver/Pallets
RECEIVED, subject to the terms and conditions of the bill of lading, by the carrier and the shipper, and the shipper's liability is limited to the value of the goods as declared by the shipper.			The carrier shall not make delivery of this shipment without payment of freight and a color receipt charges.		
SHIPPER SIGNATURE / DATE			CARRIER SIGNATURE / PICKUP DATE		
I declare that the above goods are properly packed, packaged, crated and sealed, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Carrier acknowledges receipt of packages and required documents. Carrier certifies emergency response information was made available to carrier and has the U.S. DOT emergency response guidelines or equivalent documentation on the vehicle.		

Central Transport Delivery Receipt

Pro Number **777-5800468-1**

Additional Delivery Services Requested

- Inside Delivery
- Sort - Segregate
- Driver Delay
- Residential Delivery
- Liftgate
- Redelivery

By signing below, Consignee acknowledges that additional delivery service was performed and agrees to pay any and all additional delivery service fees at the rate(s) listed above.

Customer Signature _____ Date _____

Date	# And Type of Container	# And Type of PCS	Exception Type
7/25/2019			
Log #			
Total			
Exceptions			

Firm BB - B 2625 % DEMAR LOGISTICS

By *Luis Lopez*
Shipment received in good order

HUs Received 2

Driver CT-605252 (1900128) Date 7/25/2019

Arrive Time 8:14 AM Depart Time 8:14 AM



Beyond
Vendor Chargeback - Freight Claim

Valid

Vendor 28372 E & E CO., LTD. 45875 NORTHPORT LOOP EAST FREMONT CA 94538 Currency Code USD		C/B Invoice Date 10/08/2019		
Freight Claim # 9162826 Carrier 45829 CENTRAL TRANSPORT Pro/Tracking# 777-5882075-5 Store BURLINGTON Bed Bath & Beyond #102 3 ABBOTT PARK BURLINGTON MA 01803		Pro/Pickup Date 07/11/2019 Delivery Date 08/02/2019 Chargeback Reason STC,SLC (SHRT/DAMG)		
Inv# 4801047 FC C/B Inv Dte 07/11/2019	PO/Reference# EH9P4YG	Internal Cl# 1034426		
UPC/VIN	Description	S/D	Qty	Unit Cost
0675716686543	ISLA FLRL BLU 84	S	2	\$9.49
Total Extended Cost				\$18.98
Freight Charge				\$1.33
Total Chargeback Amount				\$20.31


*07/11/2019
CTR
41269*



Beyond
Vendor Chargeback - Freight Claim

Vendor 28372 E & E CO., LTD. 45875 NORTHPORT LOOP EAST FREMONT CA 94538 Currency Code USD		C/B Invoice Date 10/08/2019		
Freight Claim # 9157976 Carrier 45829 CENTRAL TRANSPORT Pro/Tracking# 777-5882075-5 Store Bedford Bed Bath & Beyond #756 5 Colby Court Unit 3 Bedford NH 03110		Pro/Pickup Date 07/11/2019 Delivery Date 07/30/2019 Chargeback Reason STC,SLC (SHRT/DAMG)		
Inv# 4801130 FC C/B Inv Dte 07/15/2019	PO/Reference# EJ3K3QP	Internal Cl# 1034414		
UPC/VIN	Description	S/D	Qty	Unit Cost
0086569001689	JASMINE Q 10 PC BD/ST	S	1	\$65.00
Total Extended Cost				\$65.00
Freight Charge				\$4.55
Total Chargeback Amount				\$69.55

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000341269

 (402)06757163000341269

SHIP TO
 Name: Bed Bath & Beyond #2684 Location #: BOS-VDP
 Address: c/o M&M Transportation Inc.
 400 Manley St. Unit #2, BOS-VDP
 City/State/Zip: West Bridgewater, MA 02379
 CID#: MVDP5552416 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No: _____
 Trailer number: TL54-0317
 Seal number(s): _____
 SCAC: CTII
 Pro Number: 777-5882075-5


THIRD PARTY FREIGHT CHARGES BIL. TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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

SPECIAL INSTRUCTIONS:
 BB & B Vendor #: 028372
 MVDP5552416

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time: 10-2 AM Actual Driver Arrival Time: 10:10 AM Driver Departure Time: 10:17 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CC5Z7KP	1	3.99	Y N	 777-5882075-5 B/L <small>Subject to NMFO 100; CT 100/CT 101 Rules Tariffs; 49 USC 14705 and 49 CFR 370 Drivers signature only acknowledges receipt of freight</small>
CC6A6NJ	12	203.64	Y N	
CC6A7MQ	6	19.80	Y N	
CC6A8NM	1	1.14	Y N	
EH8E9ZE	18	74.68	Y N	
EH8M7PJ	7	111.65	Y N	
EH9L6NU	5	17.40	Y N	
EH9P4QE	2	23.66	Y N	
EH9P4YG	3	12.32	Y N	
EH9Q4WB	7	31.96	Y N	
EH9S3UB	2	32.18	Y N	
EJ2E7AK	4	29.88	Y N	
EJ2K3FU	1	13.49	Y N	

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

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

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

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


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

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.
Also mo 7-11-19

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
Greg 7-11-19 SLC
54-0317

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000341269

 (402)06757163000341269

SHIP TO
 Name: Bed Bath & Beyond #2684 Location #: BOS-VDP
 Address: c/o M&M Transportation Inc.
 400 Manley St. Unit #2, BOS-VDP
 City/State/Zip: West Bridgewater, MA 02379
 CID#: MVDP5552416 FOB:
 Dept: _____


CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL54-0317
 Seal number(s):
 SCAC: CTII
 Pro Number: 777-5882075-5

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party: _____
 Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time: 12-2 AM Actual Driver Arrival Time: 10:10 AM Driver Departure Time: 10:17 AM

SPECIAL INSTRUCTIONS:
 BB & B Vendor #: 028372
 MVDP5552416

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CC5Z7KP	1	3.99	Y N	WWW.CENTRALTRANSPORT.COM Driver's Signature Only Acknowledges Receipt of Freight 777-5882075-5  SHIPPER LABEL <small>Printed on 100% Recycled Paper with 10% Post Consumer Waste</small>
CC6A6NJ	12	203.64	Y N	
CC6A7MQ	6	19.80	Y N	
CC6A8NM	1	1.14	Y N	
EH8E9ZE	18	74.68	Y N	
EH8M7PJ	7	111.65	Y N	
EH9L6NU	5	17.40	Y N	
EH9P4QE	2	23.66	Y N	
EH9P4YG	3	12.32	Y N	
EH9Q4WB	7	31.96	Y N	
EH9S3UB	2	32.18	Y N	
EJ2E7AK	4	29.88	Y N	
EJ2K3FU	1	13.49	Y N	
<i>Total WT: 2489</i>				

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

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

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

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

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


SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.
Almo 7-11-19

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
Sheep 7-11-19 SLC
54-0317

SHIP FROM:
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000341269

 (402)06757163000341269

SHIP TO:
 Name: Bed Bath & Beyond #2684 Location #: BOS-VDP
 Address: c/o M&M Transportation Inc.
 400 Manley St. Unit #2, BOS-VDP
 City/State/Zip: West Bridgewater, MA 02379
 CID#: MVDP5552416 FOB:

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL54-0317
 Seat number(s):
 SCAC: CTII
 Pro Number: 777-5882075-5

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 028372
 MVDP5552416

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time: 10-2 AM Actual Driver Arrival Time: 10:10 Driver Departure Time: 10:17

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
CC5Z7KP	1	3.99	Y N	
CC6A6NJ	12	203.64	Y N	
CC6A7MQ	6	19.80	Y N	
CC6A8NM	1	1.14	Y N	
EH8E9ZE	18	74.68	Y N	
EH8M7PJ	7	111.65	Y N	
EH9L6NU	5	17.40	Y N	
EH9P4QE	2	23.66	Y N	
EH9P4YG	3	12.32	Y N	
EH9Q4WB	7	31.96	Y N	
EH9S3UB	2	32.18	Y N	
EJ2E7AK	4	29.88	Y N	
EJ2K3FU	1	13.49	Y N	


 777-5882075-5 B/L
 Subject to NMFC 100; CT 100/CT 101 Rules Tariffs; 49 USC 14706 and 49 CFR 370
 Drivers signature only acknowledges receipt of freight

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

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

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



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

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

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.
Also no 7-11-19

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

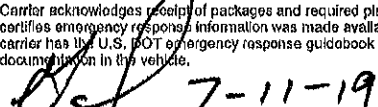
SHIPPER SIGNATURE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
Greg 7-11-19 SLC 54-0317

Date: 7/11/2019 10:16:13 AM		Bill Of Lading		Page 2 of 3	
SHIP FROM			Bill of Lading Number: 06757163000341269		
Name: E & E COMPANY LTD - 028372 Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			 (402)06757163000341269		
SHIP TO			CARRIER NAME: Central Transport		
Name: Bed Bath & Beyond #2684 Location #: BOS-VDP Address: c/o M&M Transportation Inc. 400 Manley St. Unit #2, BOS-VDP City/State/Zip: West Bridgewater, MA 02379 CID#: MVDP5552416 FOB: <input type="checkbox"/>			Responsible Acct.No: Trailer number: TL54-0317 Seal number(s):		
THIRD PARTY FREIGHT CHARGES BILL TO:			SCAC: CTII		
Name: Bed Bath & Beyond c/o Address: Berman Blake Associates PO Box 9202 City/State/Zip: Old Bethpage, NY 11804-9002			Pro Number: 777-5882075-5 Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
SPECIAL INSTRUCTIONS: BB & B Vendor # : 028372 MVDP5552416			Prepaid: Collect: X 3rd Party:		
			<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	
		AM	AM	AM	
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
EJ2K4NL		1	22.48	Y N	
EJ2R2US		4	12.79	Y N	
EJ2R3TW		5	15.45	Y N	
EJ2S9ME		3	44.37	Y N	 777-5882075-5 BL Pg 2
EJ2T4DR		1	1.70	Y N	
EJ2T6MD		5	26.21	Y N	
EJ2T6MP		2	10.14	Y N	
EJ2U5YU		2	16.70	Y N	
EJ2X8TT		5	15.45	Y N	
EJ3B5JH		7	28.16	Y N	
EJ3K2MZ		85	1420.45	Y N	
Grand Total		189	2189.69		

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 _____ par _____."	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 U.S. 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	SHIPPER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  7-11-19
---	--	--	---

SHIP FROM:
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000341269

 (402)06757163000341269

SHIP TO:
 Name: Bed Bath & Beyond #2684 Location #: BOS-VDP
 Address: c/o M&M Transportation Inc.
 400 Manley St. Unit #2, BOS-VDP
 City/State/Zip: West Bridgewater, MA 02379
 CID#: MVDP5552416 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Accl.No: _____
 Trailer number: TL54-0317
 Seal number(s): _____
 SCAC: CTII  777-5882075-5 BL Pg 3
 Pro Number: 777-5882075-5

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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

SPECIAL INSTRUCTIONS:
 BB & B Vendor #: 028372
 MVDP5552416

Master Bill of Lading: with attached
 (check box) underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	CUBE	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 380</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
6	Pallet			300.00		Pallet	150390.4	70		
		114	ctns	1896.53		Comforters, Bedspreads	49017	200		
		3	ctns	37.15		Framed Goods	76580 Sub 5	125		
		64	ctns	223.85		Pillows, Valance, Towels	49390	100		
		3	ctns	14.76		Rugs	70970-5	125		
		5	ctns	17.40		Shower curtain	49385	77.5		
6		189		2489.69		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: 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 U.S. DOT.

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

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

Date: 7/11/2019 10:16:13 AM

Bill Of Lading

Page 1 of 3

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000341269



SHIP TO
 Name: Bed Bath & Beyond #2684 Location #: BOS-VDP
 Address: c/o M&M Transportation Inc.
 400 Manley St. Unit #2, BOS-VDP
 City/State/Zip: West Bridgewater, MA 02379
 CID#: MVDP5652416 Dept: _____ FOB:

CARRIER NAME: Central Transport
 Responsible Acct.No:
 Trailer number: TL54-0317
 Seal number(s):
 SCAC: CTII
 Pro Number: 777-5882075-5

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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

Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 028372
 MVDP5652416

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time: 10-0 AM Actual Driver Arrival Time: 10:10 AM Driver Departure Time: 10:17 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
CC5Z7KP	1	3.99	Y N	WWW.CENTRALTRANSPORT.COM Driver's Signature Only Acknowledges Receipt of Freight 777-5882075-5 	
CC6A6NJ	12	203.64	Y N		
CC6A7MQ	6	19.80	Y N		
CC6A8NM	1	1.14	Y N		
EH8E9ZE	18	74.68	Y N		
EH8M7PJ	7	111.65	Y N		
EH9L6NU	5	17.40	Y N		
EH9P4QE	2	23.66	Y N		
EH9P4YG	3	12.32	Y N		
EH9Q4WB	7	31.96	Y N		
EH9S3UB	2	32.18	Y N		
EJ2E7AK	4	29.88	Y N		
EJ2K3FU	1	13.49	Y N		
<i>Total WT: 2489</i>					

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 U.S. DOT.
Almo 7-11-19

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
[Signature] 7-11-19 SLC
 54-0317

Date: 7/11/2019 10:16:13 AM

Bill Of Lading

Page 2 of 3

SHIP FROM		Bill of Lading Number: 06757163000341269				
Name: E & E COMPANY LTD - 028372 Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		 (402)06757163000341269				
SHIP TO		CARRIER NAME: Central Transport				
Name: Bed Bath & Beyond #2684 Location #: BOS-VDP Address: c/o M&M Transportation Inc. 400 Manley St. Unit #2, BOS-VDP City/State/Zip: West Bridgewater, MA 02379 CID#: MVDP5552416 FOB: <input type="checkbox"/> Dept: _____		Responsible Acct.No: Trailer number: TL54-0317 Seal number(s): SCAC: CTII Pro Number: 777-5882075-5				
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Name: Bed Bath & Beyond c/o Address: Berman Blake Associates PO Box 9202 City/State/Zip: Old Bethpage, NY 11804-9002		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)				
SPECIAL INSTRUCTIONS: BB & B Vendor # : 028372 MVDP5552416		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Appointment Time AM</td> <td style="width: 33%;">Actual Driver Arrival Time AM</td> <td style="width: 33%;">Driver Departure Time AM</td> </tr> </table>		Appointment Time AM	Actual Driver Arrival Time AM	Driver Departure Time AM
Appointment Time AM	Actual Driver Arrival Time AM	Driver Departure Time AM				

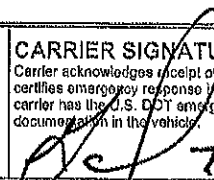
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
EJ2K4NL	1	22.48	Y N	
EJ2R2US	4	12.79	Y N	
EJ2R3TW	5	15.45	Y N	
EJ2S9ME	3	44.37	Y N	
EJ2T4DR	1	1.70	Y N	
EJ2T6MD	5	26.21	Y N	
EJ2T6MP	2	10.14	Y N	
EJ2U5YU	2	16.70	Y N	
EJ2X8TT	5	15.45	Y N	
EJ3B5JH	7	28.16	Y N	
EJ3K2MZ	85	1420.45	Y N	
Grand Total	189	2189.69		777-5882075-5


Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	COD Amount: _____ Fee Terms: Collect: <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 U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  7-11-19
---	---	---	---

SHIP FROM		Bill of Lading Number: 06757163000341269
Name:	E & E COMPANY LTD - 028372	 (402)06757163000341269
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Central Transport
Name:	Bed Bath & Beyond #2684 Location #: BOS-VDP	Responsible Acct.No:
Address:	c/o M&M Transportation Inc. 400 Manley St. Unit #2, BOS-VDP	Trailer number: TL54-0317
City/State/Zip:	West Bridgewater, MA 02379	Seal number(s):
CID#:	MVDP5552416 FOB: <input type="checkbox"/>	SCAC: CTII
Dept:		Pro Number: 777-5882075-5

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:	Bed Bath & Beyond c/o	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:	Berman Blake Associates PO Box 9202	
City/State/Zip:	Old Bethpage, NY 11804-9002	

SPECIAL INSTRUCTIONS:	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading
BB & B Vendor #: 028372	Appointment Time: AM Actual Driver Arrival Time: AM Driver Departure Time: AM
MVDP5552416	

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	CUBE	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	150390.4	70
		114	ctns	1896.53		Comforters, Bedspreads	49017	200
		3	ctns	37.15		Framed Goods	76580 Sub 5	125
		64	ctns	223.85		Pillows, Valance, Towels	49390	100
		3	ctns	14.76		Rugs	70970-5	125
		5	ctns	17.40		Shower curtain	49385	77.5
6		189		2489.69		Grand Total		



777-5882075-5

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	COD Amount: _____ Fee Terms: Collect: <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 U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 7/11/2019 10:16:13 AM		Bill Of Lading		Page 1 of 3	
SHIP FROM			Bill of Lading Number: 06757163000341269		
Name: E & E COMPANY LTD - 028372 Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			 (402)06757163000341269		
SHIP TO			CARRIER NAME: Central Transport		
Name: Bed Bath & Beyond #2684 Location #: BOS-VDP Address: c/o M&M Transportation Inc. 400 Manley St. Unit #2, BOS-VDP City/State/Zip: West Bridgewater, MA 02379 CID#: MVDP5552416 Dept: _____ FOB: <input type="checkbox"/>			Responsible Acct.No: Trailer number: TL54-0317 Seal number(s): SCAC: CTII Pro Number: 777-5882076-6		
THIRD PARTY FREIGHT CHARGES BILL TO:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name: Bed Bath & Beyond c/o Address: Berman Blaka Associates PO Box 9202 City/State/Zip: Old Bethpage, NY 11804-9002					
SPECIAL INSTRUCTIONS: BB & B Vendor # : 028372 MVDP5552416			Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: _____		Master Bill of Lading: with attached underlying Bills of Lading
			Appointment Time	Actual Driver Arrival Time	Driver Departure Time
			10-2 AM	10:10 AM	10:17 AM
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
CC6Z7KP	1	3.99	Y N	WWW.CENTRALTRANSPORT.COM Driver's Signature Only Acknowledge Receipt of Freight 777-5882076-5  SHIPPER LABEL <small>ISSUES HEREIN ARE TO BE FILED IN THE U.S. DOT EMERGENCY RESPONSE GUIDEBOOK OR EQUIVALENT INFORMATION IN THE VEHICLE</small>	
CC6A6NJ	12	203.64	Y N		
CC6A7MQ	6	19.80	Y N		
CC6A8NM	1	1.14	Y N		
EH8E9ZE	18	74.68	Y N		
EH8M7PJ	7	111.65	Y N		
EH9L6NU	5	17.40	Y N		
EH9P4QE	2	23.66	Y N		
EH9P4YG	3	12.32	Y N		
EH9Q4WB	7	31.86	Y N		
EH9S3UB	2	32.18	Y N		
EJ2E7AK	4	29.88	Y N		
EJ2K3FU	1	13.49	Y N		
			Total WT: 2489		
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 rules, 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			Trailer Loaded:		Freight Counted:
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 U.S. DOT. <i>Almo 7-11-19</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
			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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Sheep 7-11-19 SLC</i> 54-0317		

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06757163000341269

 (402)06757163000341269

SHIP TO
 Name: Bed Bath & Beyond #2684 Location #: BOS-VDP
 Address: c/o M&M Transportation Inc.
 400 Manley St. Unit #2, BOS-VDP
 City/State/Zip: West Bridgewater, MA 02379
 CID#: MVDP5552416 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No: _____
 Trailer number: TL54-0317
 Seal number(s): _____
 SCAC: CTII
 Pro Number: 777-5882075-5

THIRD PARTY FREIGHT CHARGES BILL TO
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

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

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 028372
 MVDP5552416

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time AM Actual Driver Arrival Time AM Driver Departure Time AM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
EJ2K4NL	1	22.48	Y	N	
EJ2R2US	4	12.79	Y	N	
EJ2R3TW	5	15.45	Y	N	
EJ2S9ME	3	44.37	Y	N	
EJ2T4DR	1	1.70	Y	N	
EJ2T6MD	5	26.21	Y	N	
EJ2T6MP	2	10.14	Y	N	
EJ2U5YU	2	16.70	Y	N	
EJ2X8TT	5	15.45	Y	N	
EJ3B5JH	7	28.16	Y	N	
EJ3K2MZ	85	1420.45	Y	N	
Grand Total	189	2189.69			

777-5882075-5

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

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, others/fee 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 U.S. DOT.

Trailer Loaded: By Shipper By Driver
 Freight Counted: By Shipper 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 U.S. DOT emergency response guidebook or equivalent document with in the vehicle.
 7-11-19

Date: 7/11/2019 10:16:13 AM		Bill Of Lading		Page 3 of 3	
SHIP FROM			Bill of Lading Number: 06767163000341269		
Name: E & E COMPANY LTD - 028372			 (402)06757163000341269		
Address: 221 Hanson Way					
City/State/Zip: Woodland, CA 95776					
SID#: _____ FOB: <input type="checkbox"/>					
SHIP TO			CARRIER NAME: Central Transport		
Name: Bed Bath & Beyond #2684			Responsible Acct.No:		
Address: c/o M&M Transportation Inc.			Trailer number: TL54-0317		
City/State/Zip: West Bridgewater, MA 02379			Seal number(s):		
CID#: MVDP5652416			SCAG: CTII		
Dept: _____			Pro Number: 777-5882075-5		
THIRD PARTY FREIGHT CHARGES BILL TO:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name: Bed Bath & Beyond c/o					
Address: Berman Blake Associates					
City/State/Zip: Old Bethpage, NY 11804-9002					
SPECIAL INSTRUCTIONS:			Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____		
BB & B Vendor # : 028372			Master Bill of Lading: with attached (check box) underlying Bills of Lading		
MVDP5652416					
Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
AM		AM		AM	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	CUBE	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 306</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet	150390.4	70
		114	ctns	1896.53		Comforters, Bedspreads	49017	200
		3	ctns	37.15		Framed Goods	76580 Sub 5	125
		64	ctns	223.85		Pillows, Valance, Towels	49390	100
		3	ctns	14.76		Rugs	70970-5	125
		6	ctns	17.40		Shower curtain	49385	77.5
6		189		2489.89		Grand Total		


777-5882075-5

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <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 in 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 U.S. 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 requires placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.	

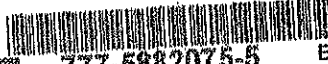
Date: 7/11/2019 10:16:13 AM

Bill Of Lading

Page 1 of 3

SHIP FROM		Bill of Lading Number: 06757163000341269	
Name: E & E COMPANY LTD - 028372 Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		 (402)06757163000341269	
SHIP TO		CARRIER NAME: Central Transport	
Name: Bod Bath & Beyond #2684 Location #: BOS-VDP Address: c/o M&M Transportation Inc. 400 Manley St. Unit #2, BOS-VDP City/State/Zip: West Bridgewater, MA 02379 CID#: MVDP5552416 FOB: <input type="checkbox"/> Dept: _____		Responsible Acct.No: Trailer number: TL54-0317 Seal number(s): SCAC: CTII Pro Number: 777-5882075-5	
THIRD PARTY FREIGHT CHARGES BILL TO			
Name: Bod Bath & Beyond c/o Address: Berman Blake Associates PO Box 9202 City/State/Zip: Old Bethpage, NY 11804-9002		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: BB & B Vendor # : 028372 MVDP5552416		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		10-2 AM	10:10 AM
			Driver Departure Time
			10:17 AM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
CC5Z7KP	1	3.99	Y	N	
CC6A6NJ	12	203.64	Y	N	
CC6A7MQ	6	19.80	Y	N	
CC6A8NM	1	1.14	Y	N	
EH8E9ZE	18	74.68	Y	N	
EH8M7PJ	7	111.65	Y	N	
FH9I 6NII	5	17.40	Y	N	
EH9P4QE	2	23.66	Y	N	
EH9P4YG	3	12.32	Y	N	
EH9Q4WB	7	31.96	Y	N	
EH9S3UB	2	32.18	Y	N	
EJ2E7AK	4	29.88	Y	N	
EJ2K3FU	1	13.49	Y	N	



777-5882075-5 B/L

Request an HAZMAT label by adding 105 to the trailer; an USD 14000 and 40 PPH 970. Driver carries only 20 minutes of fuel.

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 U.S. DOT. <i>Also no 7-11-19</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	SHIPPER SIGNATURE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available under carrier has the U.S. DOT emergency response guidebook or equivalent document in the vehicle. <i>Greg 7-11-19 SLC</i> <i>54-0317</i>
---	--	--	---

SHIP FROM
 Name: E & E COMPANY LTD - 028372
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Bill of Lading Number: 06767163000341269

 (402)06767163000341269

SHIP TO
 Name: Bed Bath & Beyond #2684 Location #: BOS-VDP
 Address: c/o M&M Transportation Inc.
 400 Manley St. Unit #2, BOS-VDP
 City/State/Zip: West Bridgewater, MA 02379
 CID#: MVDP5552416 FOB:
 Dept: _____

CARRIER NAME: Central Transport
 Responsible Acct.No: _____
 Trailer number: TL64-0317
 Seal number(s): _____
 SCAC: CTII
 Pro Number: 777-5882075-5

THIRD PARTY FREIGHT CHARGES SHIP TO
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 8202
 City/State/Zip: Old Bethpage, NY 11804-9002

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party: _____
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 BB & B Vendor #: 028372
 MVDP5552416

Appointment Time AM	Actual Driver Arrival Time AM	Driver Departure Time AM
------------------------	----------------------------------	-----------------------------

CUSTOMER/ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
EJ2K4NL	1	22.48	Y N	
EJ2R2US	4	12.79	Y N	
EJ2R3TW	5	15.46	Y N	
EJ2S9ME	3	44.37	Y N	
EJ2T4DR	1	1.70	Y N	
EJ2T6MD	5	26.21	Y N	
EJ2T6MP	2	10.14	Y N	
EJ2U6YU	2	16.70	Y N	
EJ2X8TT	5	15.45	Y N	
EJ3B6JH	7	28.16	Y N	
EJ3K2MZ	85	1420.45	Y N	
Grand Total	189	2189.69		


 777-5882075-5 BL Pg 2

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

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

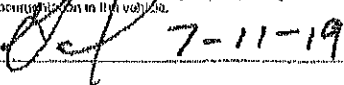
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).


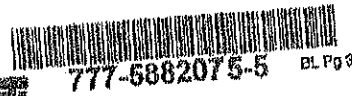
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable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

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

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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier confirms emergency contact information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

 7-11-19

Date: 7/11/2019 10:16:13 AM		Bill Of Lading		Page 3 of 3	
SHIP FROM			Bill of Lading Number: 06757163000341269		
Name: E & E COMPANY LTD - 028372 Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			 (402)06757163000341269		
SHIP TO			CARRIER NAME: Central Transport		
Name: Bed Bath & Beyond #2684 Location #: BOS-VDP Address: c/o M&M Transportation Inc. 400 Manley St. Unit #2, BOS-VDP City/State/Zip: West Bridgewater, MA 02379 CID#: MVDP5552416 FOB: <input type="checkbox"/>			Responsible Acct.No: Trailer number: TL54-0317 Seal number(s): _____ SCAC: CTII Pro Number: 777-6882075-6		
THIRD PARTY FREIGHT CHARGES BILL TO			 777-6882075-5 BL Pg 3		
Name: Bed Bath & Beyond c/o Address: Berman Blake Associates PO Box 9202 City/State/Zip: Old Bethpage, NY 11804-9002			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) 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 (check box)		
SPECIAL INSTRUCTIONS: BB & B Vendor # : 028372 MVDP5552416			Appointment Time	Actual Driver Arrival Time	Driver Departure Time
			AM	AM	AM

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	CUBE	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and paid for as in Federal Motor Transportation Act - 49 U.S.C. 10101-10105 See Section 2(e) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet	150390.4	70
		114	ctns	1896.53		Comforters, Bedspreads	49017	200
		3	ctns	37.15		Framed Goods	76580 Sub 5	125
		64	ctns	223.85		Pillows,Valance,Towels	49390	100
		3	ctns	14.76		Rugs	70970-5	125
		5	ctns	17.40		Shower curtain	49385	115
6		189		2489.69		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 applicable to the shipment, 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 U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.	


TL54-0317

Date: 7/11/2019 10:16:13 AM **Bill Of Lading** Page 2 of 3

SHIP FROM		Bill of Lading Number: 08757163000341269	
Name: E & E COMPANY LTD - 028372	Address: 221 Hanson Way	City/State/Zip: Woodland, CA 95776	SID#: _____ FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: Central Transport <i>2684</i>	
Name: Bod Bath & Beyond #2684	Location #: BOS-VDP	Address: c/o M&M Transportation Inc. 400 Manley St. Unit #2, BOS-VDP	City/State/Zip: West Bridgewater, MA 02379
CID#: MVDP5652416	Dept: _____	Responsible Acct. No: _____	
THIRD PARTY FREIGHT CHARGES/BILL TO		Trailer number: TL54-0317	
Name: Bed Bath & Beyond c/o	Address: Berman Blake Associates	Seal number(s): _____	
City/State/Zip: Old Bethpage, NY 11804-9002		SCAC: CTII	
SPECIAL INSTRUCTIONS: BB & B Vendor #: 028372 MVDP5652416		Pro Number: 777-6882075-5	
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
Prepaid: <input type="checkbox"/>		Collect: X 3rd Party: _____	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
Appointment Time	Actual Driver Arrival Time	Driver Departure Time	
AM	AM	AM	

Chavel Colon
189
1920840145
7120
Central Web

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
EJ2K4NL	1	22.48	Y N		
EJ2R2US	4	12.79	Y N		
EJ2R3TW	5	15.45	Y N		
EJ2S9ME	3	44.37	Y N		
EJ2T4DR	1	1.70	Y N		
EJ2T6MD	5	26.21	Y N		
EJ2T6MP	2	10.14	Y N		
EJ2U5YU	2	16.70	Y N		
EJ2X8TT	5	15.45	Y N		
EJ3B5JH	7	28.16	Y N		
EJ3K2MZ	85	1420.45	Y N		
Grand Total	189	2189.69			


777-6882075-5 BL Pg 2

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 U.S. DOT.	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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 7-11-19
	<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/Placess	



Pro Number
777-5882075-5

Ship Date
2019-07-11

Reference Number
MVDP5552416

Org DC
958 024

Freight Terms
Freight Charges Are Collect

P.O. Number
CC5Z7KP

SCAC:

Consignee:

BED BATH - BEYOND 2684 % M-M
TRANSPORTATION INC
400 MANLEY ST UNIT 2
WEST BRIDGEWATER, MA 02379

Shipper:

E-E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

Special Instructions

Date: 7/11/2019 10:16:13 AM **Bill Of Lading** Page 3 of 3

Name: E & E COMPANY LTD - 028372
Address: 221 Hanson Way
City/State/Zip: Woodland, CA 95776
FOB

Name: Bud Bath & Beyond #2684 Location #: BOS-VDP
Address: c/o EEM Transportation Inc.
400 Manley St, Unit #2, BOS-VDP
City/State/Zip: West Bridgewater, MA 02379
CID#: MVDP5552416 FOB

Name: Bud Bath & Beyond c/o
Address: Bertram Blake Associates
PO Box 9202
City/State/Zip: Orl Bahpage, NY 11804-0002

SPECIAL INSTRUCTIONS:
B/E & R Vendor #: 028372
MVDP5552416

Bill of Lading Number: 00757183000341200
Barcode: (402)05767183000341200
CARRIER NAME: Central Transport
Responsible Acct/Ac:
Trailer number: TL54-0317
Seal number(s):
SCAC: CTII **777-5882075-5** Bl. Pg 3
Pro Number: 777-5882075-5

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

Prepaid: Collect: 3rd Party:
Must be Bill of Lading with attached
underlying B/Ls of Lading
Appointment Time Actual Driver Arrival Time Driver Departure Time
AM AM AM

HANDLING UNIT	PACKAGE	QTY	TYPE	WEIGHT	CUBE	COMMODITY DESCRIPTION	PACKAGE
QTY	TYPE	QTY	TYPE	WEIGHT	CUBE	DESCRIPTION	NMFC # CLASS
6	Pallet			300.00		Pallet	50390.4 70
		114	ctns	1896.83		Comforters, Bedspreads	49017 200
		3	ctns	37.15		Framed Goods	78580 Sino 6 125
		84	ctns	228.85		Pillows, Valance, Towels	49390 100
		3	ctns	14.76		Rugs	70970-5 125
		3	ctns	17.40		Shower curtain	49388 11.5
6		189		2489.69		Grand Total	

RECEIVED: subject to individual carrier's terms and conditions that have been agreed upon. In case of loss or damage, the carrier's liability is limited to the actual value of the property at risk.

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

SHIPPER SIGNATURE / DATE: _____

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/Phone

CARRIER SIGNATURE / PICKUP DATE: _____

Firm BED BATH - BEYOND 2684 % M-M

By [Signature]
Shipment received in good order

HUs Received 6

Driver CT-02480 (1700152) Date 7/24/2019

Arrive Time 8:24 AM Depart Time 8:25 AM

Pro Number **777-5882075-5**

Additional Delivery Services Requested

Inside Delivery Sort - Segregate Driver Delay
 Residential Delivery Liftgate Redelivery

By signing below, Consignee acknowledges that additional delivery service was performed and agrees to pay any and all additional delivery service fees at the rate(s) listed above.

Customer Signature _____ Date _____

Date 7/24/2019 # And Type of Container _____ # And Type of PCS _____ Exception Type _____

Log # _____
Total Exceptions _____

All claims for loss or damage must be reported immediately. By ruling of the Interstate Commerce Commission extension of credit is limited to seven (7) days. A reduction, allowance may be made to this bill as permitted by 49 CFR 1051(2)(f).

Central Transport Delivery Receipt