

Date: 9/9/2019 12:10:48 PM

Master Bill Of Lading

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

Master Bill of Lading Number: 06757163000367306

SHIP TO
 Name: Kohl's
 DC#: XDSFS
 Div.
 Address: X-DOCK PERFORMANCE TEAM BLDG 6
 12816 SHOEMAKER AVE, XDSFS
 City/State/Zip: SANTA FE SPRINGS, CA 90670
 SID#:

CARRIER NAME: TRANSPORT CO. OF AMERICA

Trailer number: 540682
 Seal number(s): 18863582

SCAC: TCAM
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms:

Prepaid: Collect: 3rd Party:
 (check box) MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING

Appointment Time: 11:00 AM
 Actual Driver Arrival Time: 11:00 AM
 Driver Departure Time: 12:20 PM

CUSTOMER ORDER NUMBER		CUSTOMER ORDER INFORMATION				BOL#		ADDITIONAL SHIPPER INFO	
	Dept#:	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	Y	N	BOL#	DC#	Supplier#
12530207	115	5	58.00	Y			06757163000366033	00860	
12471283	211	32	446.69	Y			06757163000365999	00860	
12499693	211	30	449.55	Y			06757163000366002	00860	
12420138	611	33	311.30	Y			06757163000366026	00860	
12470943	211	87	1143.54	Y			06757163000365982	00860	
12435830	211	235	3335.01	Y			06757163000366019	00860	
Grand Total		422	5744.09	Y					

HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
19	Pallet			950.00		Pallet		
		3	ctns	23.13		Shower curtain	49385	77.5
		417	ctns	5686.09		Comforters, Bedspreads	49017	200

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 DOT.
Udo Meq. 9-9-19

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Zee Khan 9-9-19

Date: 9/9/2019 12:10:48 PM

Master Bill of Lading

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

Master Bill of Lading Number: 06757163000367306

SHIP TO
 Name: Kohl's DC#: XDSFS
 Div.
 Address: X-DOCK PERFORMANCE TEAM BLDG 6
 12816 SHOEMAKER AVE, XDSFS
 City/State/Zip: SANTA FE SPRINGS, CA 90670
 SID#:
 FOB:

CARRIER NAME: TRANSPORT CO. OF AMERICA

Trailer number: 540682
 Seal number(s): 19863582

SCAC: TCAM
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING

Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
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SPECIAL INSTRUCTIONS:
 ME# 791294758

HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		2	ctns	34.87		Pillows,Valance,Towels	49390	100
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 / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:
 By Shipper
 By Driver

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

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 DOT emergency response guidebook or equivalent documentation in the vehicle.



UNIVERSAL INTERMODAL SERVICES, INC.

136

AKPO# 791294758

DATE 9-9-19

DATE

3522454

PRO NUMBER

CONSIGNEE

E&E-woodland

SHIPPER

BNSF Stockton

SIZE _____ TYPE _____

CONTAINER TCA 2540682

CHASSIS _____

COMM. _____ HAZARDOUS MATERIAL

BILL OF LADING # _____

BKG. # _____ VSL _____

PRO# _____

SEAL # _____ WEIGHT _____

SS LINE _____

COMMENTS _____

INTEROFFICE USE ONLY

BILL TO _____

RATE _____

ACCESSORIAL _____

CUSTOMER REF # _____

DROP LIVE UNLOAD LIVE LOAD

DRIVER Ali Khan DATE 9.9.19

TIME IN 10:40 TIME OUT 12:30

RECEIVED THE ABOVE IN GOOD ORDER

FIRM

BY: Ali Khan


All claims for loss or damage must be reported immediately. By ruling of the Interstate Commerce Commission credit is limited to (7) days. We must request your compliance. A reduction or allowance may be made to this bill as permitted by 49 CFR 105.2 (2) (b).
Equipment Per Diem - 3 free days - \$150.00 - \$300.00 per day thereafter.

CONSIGNEE COPY

Date: 9/9/2019 12:08:20 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 96776
 SID#:
 PHONE:
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000366033

 (402)06757163000366033

SHIP TO
 Name: Kohl's Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 76110
 CID#: 791294758 FOB:

CARRIER NAME: TRANSPORT CO. OF AMERICA
 Responsible Acct.No:
 Trailer number: 540882
 Seal number(s): 19863582

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

SCAC: TCAM
 Pro Number:

SPECIAL INSTRUCTIONS:
 Load #: 791294758
 Packing List is Attached

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

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12530207 Dept#: 115	5	58.00	Y	N	
Grand Total	5	58.00			

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(b) of NMFC item 380</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		2	ctns	34.87		Pillows,Valance,Towels	49390	100	
		3	ctns	23.13		Shower curtain	49385	77.5	
1		5		108.00		Grand Total			

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

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

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

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

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

 Shipper Signature

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

Trailer Loaded: Freight Counted:
 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 DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 5137299 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12530207
 - #00860

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORSICANA D.C. CORSICANA, TX 75110 US	Shipping Date: 09/09/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	24	3	24	3
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	24	1	24	1
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	24	1	24	1

Total Weight:	58
Total Quantity Ordered:	72
Total Cartons Ordered:	5
Total Quantity Shipped:	72
Total Cartons Shipped:	5

Date: 9/9/2019 11:59:05 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000365999	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____		 (402)06757163000365999	
VENDOR: 000074879 FOB: <input type="checkbox"/>		CARRIER NAME: TRANSPORT CO. OF AMERICA Responsible Acct.No: _____	
SHIP TO		Trailer number: 540682 Seal number(s): 19863582	
Name: Kohl's Dist. Center - #00860 Location #: 00860 Address: 1800 North Business 45 Corsicana D.C., 00860 City/State/Zip: Corsicana, TX 75110 CID#: 791294758 FOB: <input type="checkbox"/>		SCAC: TCAM Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: X 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 791294758 Packing List Is Attached		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12471283 Dept#: 211	32	446.69	Y N		
Grand Total	32	446.69			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		32	ctns	446.69		Comforters, Bedspreads	49017	200
2		32		546.69		Grand Total		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</p> <p>Appt Time: _____ In: _____ Out: _____ Driver Signature: _____</p>
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Order No.: 5135292 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER - #00860 Customer PO No.: 12471283

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORSICANA D.C. CORSICANA, TX 75110 US	Shipping Date: 09/09/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	15	15	15	15
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	17	17	17	17

Total Weight:	446.69
Total Quantity Ordered:	32
Total Cartons Ordered:	32
Total Quantity Shipped:	32
Total Cartons Shipped:	32

Date: 9/9/2019 12:02:04 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

Bill of Lading Number: 08757163000366002



CARRIER NAME: TRANSPORT CO. OF AMERICA

Responsible Acct.No: _____

SHIP TO

Name: Kohi's Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 791294758

Trailer number: 540682

Seal number(s): 19863582

SCAC: TCAM

Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: _____ Collect: X 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 791294758
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12499693 Dept#: 211	30	449.55	Y N	
Grand Total	30	449.55		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(s) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		30	ctns	449.55		Comforters, Bedspreads	49017	200
2		30		549.55		Grand Total		

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

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

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time: _____
 In: _____
 Out: _____
 Driver Signature: _____

Order No.: 5135301 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER - #00860 Customer PO No.: 12498693

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORNICANA D.C. CORNICANA, TX 75110 US	Shipping Date: 09/09/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086569171771	Q Angelloa Comforter Set	EA	1	15	15	15	15
N/A	KL10-2705	086569171795	K Angelloa Comforter Set	EA	1	15	15	15	15

Total Weight:	449.55
Total Quantity Ordered:	30
Total Cartons Ordered:	30
Total Quantity Shipped:	30
Total Cartons Shipped:	30

Order No.: 5135283 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470943
 -#00860

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

SHIP TO:
 KOHL'S DIST. CENTER - #00860
 1600 NORTH BUSINESS 45
 CORSICANA D.C.
 CORSICANA, TX 75110
 US

Shipping Date:
 09/09/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2524	086589028662	Q Summit 7pcs Comforter Set	EA	1	54	54	54	54
N/A	KL10-2525	086589028679	K Summit 7pcs Comforter Set	EA	1	33	33	33	33

Total Weight: 1143.54
 Total Quantity Ordered: 87
 Total Cartons Ordered: 87
 Total Quantity Shipped: 87
 Total Cartons Shipped: 87

Date: 9/9/2019 11:46:05 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000366019	
Name: E & E COMPANY LTD		 (402)06757163000366019	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: TRANSPORT CO. OF AMERICA	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 540882	
VENDOR: 000074879		Seal number(s): 19863582	
SHIP TO		SCAC: TCAM	
Name: Kohl's Dist. Center - #00860 Location #: 00860		Pro Number:	
Address: 1600 North Business 45		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
City/State/Zip: Corsicana D.C., 00860			
CID#: 791294758 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 791294758			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12435830 Dept#: 211	235	3335.01	Y	N	
Grand Total	235	3335.01			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	Pallet			450.00		Pallet		
		235	ctns	3335.01		Comforters, Bedspreads	49017	200
9		235		3785.01		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	
		Appt Time: In: Out: Driver Signature:	

Order No.: 5137286 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435830
 - #00860

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

SHIP TO:
 KOHL'S DIST. CENTER - #00860
 1600 NORTH BUSINESS 45
 CORSICANA D.C.
 CORSICANA, TX 75110
 US

Shipping Date:
 09/09/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	13	13	13	13
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	13	13	13	13
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	68	68	68	68
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	30	30	30	30
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	23	23	23	23
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	26	26	26	26
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	38	38	38	38
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	24	24	24	24

Total Weight: 3335.01
 Total Quantity Ordered: 235
 Total Cartons Ordered: 235
 Total Quantity Shipped: 235
 Total Cartons Shipped: 235

Date: 9/9/2019 11:54:43 AM


Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000366026



(402)06757163000366026

SHIP TO

Name: Kohl's Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 791294758 FOB:

CARRIER NAME: TRANSPORT CO. OF AMERICA
 Responsible Acct.No: _____
 Trailer number: 540682
 Seal number(s): 19863582

SCAC: TCAM
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: _____ Collect: X 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 791294758
 Packing List Is Attached

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

GUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12420138 Dept#: 611	33	311.30	Y N	
Grand Total	33	311.30		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 365</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		33	ctns	311.30		Comforters, Bedspreads	49017	200
1		33		361.30		Grand Total		

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

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

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

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

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

 Shipper Signature

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

Trailer Loaded: Freight Counted:

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 DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 5135354 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER - #00860 Customer PO No.: 12420138

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

BILL TO:
KOHL'S STORE
N56 W17000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WI 53051
US

SHIP TO:
KOHL'S DIST. CENTER - #00860
1600 NORTH BUSINESS 45
CORNICANA D.C.
CORNICANA, TX 75110
US

Shipping Date:
09/09/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086569163783	F/Q Moira Quilt	EA	2	20	10	20	10
N/A	91SNB08QTKC	086569163806	K/CK Moira Quilt	EA	2	20	10	20	10
N/A	91SNB08QTSB	086569163837	Moira Sham	EA	4	36	9	36	9
N/A	91SNB08QTTT	086569163745	T/TXL Moira Quilt	EA	2	8	4	8	4

Total Weight: 311.3
Total Quantity Ordered: 84
Total Cartons Ordered: 33
Total Quantity Shipped: 84
Total Cartons Shipped: 33

Date: 9/6/2019 3:00:13 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000366743	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Schneider	
Name:	Kohl's Dist. Center - #00810	DC#:	00810
		Div.:	
Address:	7855 County Road 140 Findlay D.C., 00810	Trailer number:	SNLU151853
City/State/Zip:	Findlay, OH 45840	Seal number(s):	19863581
SID#:		SCAC:	SCNN
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
ME# 791290232		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		2:00 AM	2:00 AM
			Driver Departure Time
			3:10 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
12499693	Dept#: 211	49	708.85	Y	N	06757163000366200	00810
12420138	Dept#: 611	98	921.55	Y	N	06757163000366217	00810
12471283	Dept#: 211	97	1342.84	Y	N	06757163000366194	00810
12530207	Dept#: 115	19	220.85	Y	N	06757163000366224	00810
Grand Total		263	3194.09				

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC from 960.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
9	Pallet			450.00		Pallet		70	
		12	ctns	90.54		Shower curtain	49385	77.5	
		7	ctns	130.31		Pillows, Valance, Towels	49390	100	
		244	ctns	2973.24		Comforters, Bedspreads	49017	200	
9				3644.09		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 / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

Date: 9/6/2019 2:57:43 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000366224	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879		 (402)06757163000366224	
SHIP TO		CARRIER NAME: Schneider	
Name: Kohl's Dist. Center - #00810 Location #: 00810 Address: 7855 County Road 140 Findlay D.C., 00810 City/State/Zip: Findlay, OH 45840 CID#: 791290232		Responsible Acct.No: _____ Trailer number: SNLU151853 Seal number(s): 19863581	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 791290232 Packing List Is Attached		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12630207 Dept#: 115	19	220.85	Y N		
Grand Total	19	220.85			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 356</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	130.31		Pillows, Valance, Towels	49390	100
		12	ctns	90.54		Shower curtain	49385	77.5
1		19		270.85		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: **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 DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Shipper Signature

Appt Time: _____
 In: _____
 Out: _____
 Driver Signature: _____

Order No.: 5137295 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12530207
 - #00810


SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	24	3	24	3
N/A	KL70-2730	086569192891	Springdale Shower Curtain	EA	8	72	9	72	9
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	72	3	72	3
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	96	4	96	4

Total Weight:	220.85
Total Quantity Ordered:	264
Total Cartons Ordered:	19
Total Quantity Shipped:	264
Total Cartons Shipped:	19

Date: 9/6/2019 2:47:33 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000366217	
Name: E & E COMPANY LTD		 (402)06757163000366217	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 96776			
SID#:			
PHONE:			
VENDOR: 000074879		CARRIER NAME: Schnelder	
		Responsible Acct.No:	
SHIP TO		Trailer number: SNLU161853	
Name: Kohl's Dist. Center - #00810		Seal number(s): 19863581	
Address: 7855 County Road 140		SCAC: SCNN	
City/State/Zip: Findlay D.C., 00810		Pro Number:	
CID#: 791290232			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:			
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 791290232 Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12420138 Dept#: 611	98	921.55	Y N	
Grand Total	98	921.55		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 390</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		98	ctns	921.55		Comforters, Bedspreads	49017	200
2		98		1021.55		Grand Total		

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

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

<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</p> <p>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 5135350 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420138
 - #00810

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

SHIP TO:
 KOHL'S DIST. CENTER - #00810
 7855 COUNTY ROAD 140
 FINDLAY D.C.
 FINDLAY, OH 45840
 US

Shipping Date:
 09/06/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086569163783	F/Q Moira Quilt	EA	2	58	29	58	29
N/A	91SNB08QTKC	086569163806	K/CK Moira Quilt	EA	2	54	27	54	27
N/A	91SNB08QTSH	086569163837	Moira Sham	EA	4	100	25	100	25
N/A	91SNB08QTTT	086569163745	T/TXL Moira Quilt	EA	2	34	17	34	17

Total Weight: 921.55
 Total Quantity Ordered: 246
 Total Cartons Ordered: 98
 Total Quantity Shipped: 246
 Total Cartons Shipped: 98

Date: 9/6/2019 2:42:44 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163000366200	
Name: E & E COMPANY LTD		 (402)06757163000366200	
Address: 221 Hanson Way			
City/State/Zip: Woodland, GA 95776			
SID#:			
PHONE:			
VENDOR: 000074879		CARRIER NAME: Schneider	
		Responsible Acct.No:	
SHIP TO		Trailer number: SNLU151853	
Name: Kohl's Dist. Center - #00810		Seal number(s): 19863581	
Address: 7855 County Road 140		SCAC: SCNN	
City/State/Zip: Findlay D.C., 00810		Pro Number:	
CID#: 791290232			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 791290232		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12499693	49	708.85	Y	N	Dept#: 211
Grand Total		49	708.85		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		49	ctns	708.85		Comforters, Bedspreads	49017	200
2		49		808.85		Grand Total		

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

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

<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</p> <p>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 5135297 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12499693
 - #00810

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086669171771	Q Angella Comforter Set	EA	1	36	36	36	36
N/A	KL10-2705	086669171795	K Angella Comforter Set	EA	1	13	13	13	13

Total Weight:	708.85
Total Quantity Ordered:	49
Total Cartons Ordered:	49
Total Quantity Shipped:	49
Total Cartons Shipped:	49

Date: 9/6/2019 2:35:59 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000366194	
Name: E & E COMPANY LTD		 (402)06757163000366194	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: SNLU161853	
VENDOR: 000074879		Seal number(s): 19863581	
FOB: <input type="checkbox"/>		SCAC: SCNN	
SHIP TO		Pro Number:	
Name: Kohl's Dist. Center - #00810		Location #: 00810	
Address: 7855 County Road 140			
City/State/Zip: Findlay D.C., 00810			
CID#: 791290232		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:			
Load #: 791290232			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471283 Dept#: 211	97	1342.84	Y N	
Grand Total	97	1342.84		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		97	ctns	1342.84		Comforters, Bedspreads	49017	200
4		97		1542.84		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Shipper Signature: _____	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	
		Appt Time: In: Out: Driver Signature:	

Order No.: 5135288 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471283
 - #00810

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 09/06/2019
--	--	--	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	60	60	60	60
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	37	37	37	37

Total Weight:	1342.84
Total Quantity Ordered:	97
Total Cartons Ordered:	97
Total Quantity Shipped:	97
Total Cartons Shipped:	97

Date: 9/6/2019 2:08:14 PM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000366699	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Kohl's Dist. Center - #00885 DC#: 00885 Div. _____ Address: 2065 Keystone Pacific Parkway Patterson D.C., 00885 City/State/Zip: Patterson, CA 95363 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 67811 Seal number(s): 19863599 SCAC: KNIG Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: ME# 791200206		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time: 1:00 AM Actual Driver Arrival Time: 1:00 AM Driver Departure Time: 2:15 PM	

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
							DC#	Supplier#
12531708	Dept#: 115	1	9.17	Y	N	06757163000366156	00885	
12499693	Dept#: 211	20	295.28	Y	N	06757163000366149	00885	
12530207	Dept#: 115	5	60.92	Y	N	06757163000366187	00885	
12420138	Dept#: 611	41	380.25	Y	N	06757163000366170	00885	
12471283	Dept#: 211	48	664.26	Y	N	06757163000366132	00885	
12436830	Dept#: 211	239	3363.47	Y	N	06757163000366163	00885	
12470943	Dept#: 211	90	1179.68	Y	N	06757163000366125	00885	
Grand Total		444	5953.03					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe disposition with ordinary care. See Section 2(a) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
19	Pallet			950.00		Pallet		70
		1	ctns	7.71		Shower curtain	49385	77.5

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 \$ _____

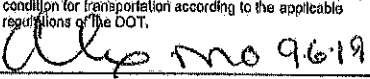
Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

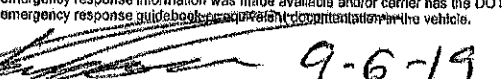
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable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

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

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

 Sep 6 2019

Trailer Loaded: By Shipper By Driver

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

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

 9-6-19

Date: 9/6/2019 2:08:14 PM

Master Bill Of Lading

Page 2 of 2

SHIP FROM				SHIP TO				THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: E & E COMPANY LTD				Name: Koh's Dist. Center - #00885				Name:			
Address: 221 Hanson Way				DC#: 00885				Address:			
City/State/Zip: Woodland, CA 95776				Div.				City/State/Zip:			
SID#: _____				Div. _____				City/State/Zip: Patterson, CA 95363			
FOB: <input type="checkbox"/>				Div. _____				SID#: _____			
FOB: <input type="checkbox"/>				Div. _____				SID#: _____			
Name: _____				Name: _____				Name: _____			
Address: _____				Address: _____				Address: _____			
City/State/Zip: _____				City/State/Zip: _____				City/State/Zip: _____			
SPECIAL INSTRUCTIONS: ME# 791290206				SPECIAL INSTRUCTIONS: ME# 791290206				SPECIAL INSTRUCTIONS: ME# 791290206			
Master Bill of Lading Number: 06757163000366699				CARRIER NAME: Knight Transportation				Freight Charge Terms:			
Trailer number: 67811				Seal number(s): 19863599				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>			
SCAC: KNIG				Pro Number: N/A				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING			
Appointment Time		Actual Driver Arrival Time		Driver Departure Time		Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
AM PM		AM PM		AM PM		AM PM		AM PM		AM PM	
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300.</small>	LTL ONLY				
QTY	TYPE	QTY	TYPE				NMFC #	CLASS			
		438	ctns	5882.94		Comforters, Bedspreads	49017	200			
		5	ctns	62.38		Pillows, Valance, Towels	49390	100			
19				6903.03		Grand Total					

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount \$ _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		SHIPPER SIGNATURE	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	

Date: 9/6/2019 2:04:27 PM


Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000366187



(402)06757163000366187

SHIP TO

Name: Kohl's Dist. Center - #00885 Location #: 00885
 Address: 2065 Keystone Pacific Parkway
 Patterson D.C., 00885
 City/State/Zip: Patterson, CA 95363
 CID#: 791290206 FOB:

CARRIER NAME: Knight Transportation
 Responsible Acct.No: _____
 Trailer number: 67811
 Seal number(s): 19863599

SCAC: KNIG
 Pro Number: N/A

THIRD PARTY-FREIGHT CHARGES BILL TO:

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

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

Prepaid: _____ Collect: 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 791290206
 Packing List Is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12530207 Dept#: 115	6	60.92	Y N	
Grand Total	6	60.92		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	53.21		Pillows,Valance,Towels	49390	100
		1	ctns	7.71		Shower curtain	49385	77.5
1		5		110.92		Grand Total		

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

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

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

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

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

 Shipper Signature

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

Trailer Loaded: Freight Counted:

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 DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

Appt Time:
 In:
 Out:
 Driver Signature:

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 5137302 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12530207
 - #00885

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

SHIP TO:
 KOHL'S DIST. CENTER - #00885
 2065 KEYSTONE PACIFIC
 PARKWAY
 PATTERSON D.C.
 PATTERSON, CA 96383
 US

Shipping Date:
 09/06/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	8	1	8	1
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	24	1	24	1
N/A	KL71-2736	086569213723	Lyla (Jaquard) Hand Towel	EA	24	24	1	24	1
N/A	KL71-2736	086569213730	Springdale(Jacquard)Hand Towel	EA	24	24	1	24	1
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	24	1	24	1

Total Weight: 60.92
 Total Quantity Ordered: 104
 Total Cartons Ordered: 5
 Total Quantity Shipped: 104
 Total Cartons Shipped: 5

Date: 9/6/2019 1:59:21 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000366163	
Name: E & E COMPANY LTD		 (402)06757163000366163	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95778		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 87811	
VENDOR: 000074879		Seal number(s): 19663599	
SHIP TO		SCAC: KNIG	
Name: Kohl's Dist. Center - #00885 Location #: 00885		Pro Number: N/A	
Address: 2065 Keystone Pacific Parkway			
City/State/Zip: Patterson D.C., 00885			
City/State/Zip: Patterson, CA 95363			
CID#: 791290206			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 791290206			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12435830 Dept#: 211	239	3363.47	Y N		
Grand Total	239	3363.47			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	Pallet			450.00		Pallet		
		239	ctns	3363.47		Comforters, Bedspreads	49017	200
9		239		3813.47		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 this property is specifically stated by the shipper to be not exceeding _____ per _____"	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	--

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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Order No.: 6137289 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435830
 - #00885

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00885 2086 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 09/06/2019
--	--	--	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	25	25	25	25
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	15	15	15	15
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	71	71	71	71
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	36	36	36	36
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	13	13	13	13
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	14	14	14	14
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	40	40	40	40
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	25	25	25	25


Total Weight:	3363.47
Total Quantity Ordered:	239
Total Cartons Ordered:	239
Total Quantity Shipped:	239
Total Cartons Shipped:	239

Date: 9/6/2019 1:47:08 PM

Bill Of Lading

Page 1 of 1

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879 FOB:

Bill of Lading Number: 08767163000366125

 (402)06757163000366125

SHIP TO
 Name: Kohl's Dist. Center - #00885 Location #: 00885
 Address: 2066 Keystone Pacific Parkway
 Patterson D.C., 00885
 City/State/Zip: Patterson, CA 95363
 CID#: 791290206 FOB:

CARRIER NAME: Knight Transportation
 Responsible Acct.No:
 Trailer number: 67811
 Seal number(s): 19883599
 SCAC: KNIG
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

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

SPECIAL INSTRUCTIONS:
 Load #: 791290206
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12470943 Dept#: 211	90	1179.68	Y N	
Grand Total	90	1179.68		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		90	ctns	1179.68		Comforters, Bedspreads	49017	200
4		90		1379.68		Grand Total		

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

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

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

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

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

 Shipper Signature

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

Trailer Loaded: Freight Counted:
 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 DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 5135286 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470943
 - #00885

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cins Ordered	Qty Shipped	Cins Shipped
N/A	KL10-2524	086569028662	Q Summit 7pcs Comforter Set	EA	1	58	58	58	58
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	32	32	32	32

Total Weight:	1179.68
Total Quantity Ordered:	90
Total Cartons Ordered:	90
Total Quantity Shipped:	90
Total Cartons Shipped:	90

Date: 9/6/2019 1:41:01 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163000366149	
Name: E & E COMPANY LTD		 (402)06757163000366149	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 67811	
VENDOR: 000074879		Seal number(s): 19863599	
SHIP TO		SOAC: KNIG	
Name: Kohl's Dist. Center - #00885 Location #: 00885		Pro Number: N/A	
Address: 2065 Keystone Pacific Parkway			
Patterson D.C., 00885			
City/State/Zip: Patterson, CA 95363			
CID#: 791290208			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Load #: 791290206			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12499693 Dept#: 211	20	295.28	Y N	
Grand Total	20	295.28		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		20	ctns	295.28		Comforters, Bedspreads	49017	200
1		20		345.28		Grand Total		

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
		Appt Time: In: Out: Driver Signature:

Order No.: 6135304 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12499693
- #00885

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086569171771	Q Angelica Comforter Set	EA	1	12	12	12	12
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	8	8	8	8

Total Weight:	295.28
Total Quantity Ordered:	20
Total Cartons Ordered:	20
Total Quantity Shipped:	20
Total Cartons Shipped:	20

Date: 9/6/2019 1:37:00 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163000366170	
Name: E & E COMPANY LTD		 (402)06757163000366170	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 67811	
VENDOR: 000074879		Seal number(s): 19863599	
SHIP TO		SCAC: KNIG	
Name: Kohl's Dist. Center - #00885 Location #: 00885		Pro Number: N/A	
Address: 2065 Keystone Pacific Parkway			
Patterson D.C., 00885			
City/State/Zip: Patterson, CA 96363			
CID#: 791290208			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 791290206			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12420138 Dept#: 611	41	380.25	Y N	
Grand Total	41	380.25		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		41	ctns	380.25		Comforters, Bedspreads	49017	200
1		41		430.25		Grand Total		

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
		Appt Time: In: Out: Driver Signature:

Order No.: 5135357 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420138
 - #00885

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086569163783	F/Q Moira Quilt	EA	2	24	12	24	12
N/A	91SNB08QTKC	086569163806	K/CK Moira Quilt	EA	2	22	11	22	11
N/A	91SNB08QTSB	086569163837	Moira Sham	EA	4	44	11	44	11
N/A	91SNB08QTTT	086569163745	T/TXL Moira Quilt	EA	2	14	7	14	7

Total Weight:	380.25
Total Quantity Ordered:	104
Total Cartons Ordered:	41
Total Quantity Shipped:	104
Total Cartons Shipped:	41

Date: 9/8/2019 1:38:52 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000366156
Name: E & E COMPANY LTD		 (402)06757163000366156
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation
SID#:		Responsible Acct.No:
PHONE:		Trailer number: 67811
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 19863599
SHIP TO		SCAC: KNIG
Name: Kohl's Dist. Center - #00885	Location #: 00885	Pro Number: N/A
Address: 2065 Keystone Pacific Parkway		
City/State/Zip: Patterson D.C., 00885		
City/State/Zip: Patterson, CA 95363		
CID#: 791290208	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		
City/State/Zip:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:
SPECIAL INSTRUCTIONS: Load #: 791290208 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12531708 Dept#: 115	1	9.17	Y	N	
Grand Total	1	9.17			

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

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Planes</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</p> <p>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 5133803 Order Date: 08/21/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12531708
 - #00885

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL71-2737	086569213747	Lyla (Stripe) Hand Towel	EA	24	24	1	24	1

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

Date: 9/6/2019 1:23:42 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163000366132	
Name: E & E COMPANY LTD		 (402)06757163000366132	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 87811	
VENDOR: 000074879		Seal number(s): 19863599	
SHIP TO		SCAC: KNIG	
Name: Kohl's Dist. Center - #00885 Location #: 00885		Pro Number: N/A	
Address: 2065 Keystone Pacific Parkway			
City/State/Zip: Patterson D.C., 00885			
City/State/Zip: Patterson, CA 95383			
CID#: 791290206			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 791290206			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12471283 Dept#: 211	48	664.26	Y	N	
Grand Total	48	664.26			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		48	ctns	664.26		Comforters, Bedspreads	49017	200
2		48		764.26		Grand Total		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</p> <p>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 5135295 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471283
 - #00885

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	09/06/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	30	30	30	30
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	18	18	18	18

Total Weight:	664.26
Total Quantity Ordered:	48
Total Cartons Ordered:	48
Total Quantity Shipped:	48
Total Cartons Shipped:	48

Date: 9/6/2019 1:54:53 PM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000366682	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Schnelder	
Name:	Kohl's Dist. Center - #00840	DC#:	00840
		Div.:	
Address:	2015 NE Jefferson Street Blue Spring (Grain Valley) D.C., 00840		
City/State/Zip:	Grain Valley, MO 64029		
SID#:		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
ME# 791290254		Appointment Time	Actual Driver Arrival Time
		1:00 AM	12:00 AM
			Driver Departure Time
			2:00 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
				BOL#	DC#	Supplier#	
12531708	Dept#: 115	1	9.17	Y	N	06757163000366071	00840
12530207	Dept#: 115	12	153.13	Y	N	06757163000366118	00840
12420138	Dept#: 611	74	700.14	Y	N	06757163000366101	00840
12499693	Dept#: 211	31	454.59	Y	N	06757163000366057	00840
12435830	Dept#: 211	362	5067.15	Y	N	06757163000366095	00840
12471283	Dept#: 211	66	917.40	Y	N	06757163000366064	00840
Grand Total		546	7301.58				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
22	Pallet			1100.00		Pallet		70
		4	ctns	30.18		Shower curtain	49385	77.5
		9	ctns	132.12		Pillows, Valance, Towels	49390	100

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

COD Amount \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small> 	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	SHIPPER SIGNATURE 	SHIPPER DATE 9-6-19	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>
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Date: 9/6/2019 1:54:53 PM

Master Bill Of Lading

Page 2 of 2

SHIP FROM				SHIP TO				THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: E & E COMPANY LTD				Name: Kohl's Dist. Center - #00840				Name:			
Address: 221 Hanson Way				Address: 2015 NE Jefferson Street				Address:			
City/State/Zip: Woodland, CA 95776				City/State/Zip: Grain Valley, MO 64029				City/State/Zip:			
SID#: _____ FOB: <input type="checkbox"/>				SID#: _____ FOB: <input type="checkbox"/>				SPECIAL INSTRUCTIONS: ME# 791290254			
Master Bill of Lading Number: 06757163000366682				CARRIER NAME: Schnelder				Freight Charge Terms:			
				Trailer number: SNLU196868				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>			
				Seal number(s): 19863483				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING			
				SCAC: SCNN				Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM			
				Pro Number:							
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY				
QTY	TYPE	QTY	TYPE				NMFC #	CLASS			
		533	ctns	7139.28		Comforters, Bedspreads	49017	200			
22				8401.58		Grand Total					

Where the rate is dependant on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	

Date: 9/6/2019 1:45:21 PM

Bill Of Lading

Page 1 of 1

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95778
 SID#:
 PHONE:
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000366101



(402)06757163000366101

SHIP TO
 Name: Kohl's Dist. Center - #00840 Location #: 00840
 Address: 2016 NE Jefferson Street
 Blue Spring (Grain Valley) D.C.,
 00840
 City/State/Zip: Grain Valley, MO 64029
 CID#: 791290254 FOB:

CARRIER NAME: Schnelder

Responsible Acct.No:

Trailer number: SNLU196868

Seal number(s): 19863483

SCAC: SCNN

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 791290254
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12420138 Dept#: 611	74	700.14	Y N	
Grand Total	74	700.14		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		74	ctns	700.14		Comforters, Bedspreads	49017	200
2		74		800.14		Grand Total		

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

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

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

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

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

Shipper Signature _____

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

Trailer Loaded: 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 DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature: _____

Order No.: 5135352 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420138
 - #00840


SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 09/08/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086569163783	F/Q Molra Quilt	EA	2	44	22	44	22
N/A	91SNB08QTKC	086569163806	K/CK Molra Quilt	EA	2	40	20	40	20
N/A	91SNB08QTSH	086569163837	Molra Sham	EA	4	72	18	72	18
N/A	91SNB08QTTT	086569163745	T/TXL Molra Quilt	EA	2	28	14	28	14

Total Weight:	700.14
Total Quantity Ordered:	184
Total Cartons Ordered:	74
Total Quantity Shipped:	184
Total Cartons Shipped:	74

Date: 9/6/2019 1:42:54 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000366064	
Name:	E & E COMPANY LTD	 (402)06757163000366064	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:	000074879	Responsible Acct.No:	
SHIP TO		Trailer number: SNLU196868	
Name:	Kohl's Dist. Center - #00840 Locallon #: 00840	Seal number(s): 19863483	
Address:	2015 NE Jefferson Street	SCAC: SCNN	
City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840	Pro Number:	
CID#:	791290264		
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 791290264 Packng Llist Is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471283 Dept#: 211	66	917.40	Y N	
Grand Total	66	917.40		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			160.00		Pallet		
		66	ctns	917.40		Comforters, Bedspreads	49017	200
3		66		1067.40		Grand Total		

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

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

Order No.: 5135290 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471283
 -#00840


SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	36	36	36	36
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	30	30	30	30

Total Weight:	917.4
Total Quantity Ordered:	66
Total Cartons Ordered:	66
Total Quantity Shipped:	66
Total Cartons Shipped:	66

Date: 9/6/2019 1:33:20 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000366095	
Name: E & E COMPANY LTD		 (402)06757163000366095	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schnelder	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: SNLU196868	
VENDOR: 000074879		Seal number(s): 19863483	
FOB: <input type="checkbox"/>		SCAC: SCNN	
SHIP TO		Pro Number:	
Name: Kohl's Dist. Center - #00840		Location #: 00840	
Address: 2016 NE Jefferson Street			
Blue Spring (Grain Valley) D.C.,			
City/State/Zip: 00840			
Grain Valley, MO 64029			
CID#: 791290254		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 791290254			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12435830	Dept#: 211	362	5067.15	Y N
Grand Total		362	5067.15	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
13	Pallet			650.00		Pallet		
		362	ctns	5067.15		Comforters, Bedspreads	49017	200
13		362		5717.15		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>	
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>
	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p> <p><i>Property described above is received in good order, except as noted.</i></p> <p>Appt Time: In: Out: Driver Signature:</p>

Order No.: 5137284 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435830
- #00840


SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	49	49	49	49
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	33	33	33	33
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	118	118	118	118
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	41	41	41	41
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	29	29	29	29
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	16	16	16	16
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	46	46	46	46
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	30	30	30	30

Total Weight:	5067.15
Total Quantity Ordered:	362
Total Cartons Ordered:	362
Total Quantity Shipped:	362
Total Cartons Shipped:	362

Date: 9/6/2019 1:02:11 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000366057	
Name:	E & E COMPANY LTD	 (402)06757163000366057	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:	000074879	Responsible Acct.No:	
SHIP TO		Trailer number: SNLU196868	
Name:	Kohl's Dist. Center - #00840	Location #:	00840
Address:	2015 NE Jefferson Street		
City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840		
CID#:	791290254	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Seal number(s): 19863483	
Name:		SCAC: SCNN	
Address:		Pro Number:	
City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS:		Prepaid:	Collect: X
Load #: 791290254		3rd Party:	
Packing List Is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12499693	Dept#: 211	31	454.59	Y N
Grand Total		31	454.59	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFCA Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		31	ctns	454.59		Comforters, Bedspreads	49017	200
2		31		554.59		Grand Total		

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

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

Order No.: 5135299 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12499893
- #00840

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

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

SHIP TO:
KOHL'S DIST. CENTER - #00840
2015 NE JEFFERSON STREET
BLUE SPRING (GRAIN VALLEY)
D.C.
GRAIN VALLEY, MO 64029
US

Shipping Date:
09/06/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086669171771	Q Angelica Comforter Set	EA	1	20	20	20	20
N/A	KL10-2705	086669171795	K Angelica Comforter Set	EA	1	11	11	11	11

Total Weight: 454.59
Total Quantity Ordered: 31
Total Cartons Ordered: 31
Total Quantity Shipped: 31
Total Cartons Shipped: 31

Date: 9/6/2019 12:55:16 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000366071	
Name:	E & E COMPANY LTD	 (402)06757163000366071	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95778		
SID#:			
PHONE:			
VENDOR:	000674879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Schneider	
Name:	Kohl's Dist. Center - #00840	Location #:	00840
Address:	2016 NE Jefferson Street		
City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840		
CID#:	791290254	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: SNLU196868	
Name:	Address:		
City/State/Zip:	Seal number(s): 19863483		
SPECIAL INSTRUCTIONS:		SCAC: SCNN	
Load #: 791290254		Pro Number:	
Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12531708 Dept#: 115	1	9.17	Y N	
Grand Total	1	9.17		

CARRIER INFORMATION

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
In:
Out:
Driver Signature:

Order No.: 5133600 Order Date: 08/21/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12531708
 - #00840

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

SHIP TO:
 KOHL'S DIST. CENTER - #00840
 2015 NE JEFFERSON STREET
 BLUE SPRING (GRAIN VALLEY)
 D.C.
 GRAIN VALLEY, MO 64029
 US

Shipping Date:
 09/06/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cins Ordered	Qty Shipped	Cins Shipped
N/A	KL71-2737	086569213747	Lyla (Stripe) Hand Towel	EA	24	24	1	24	1

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

Date: 9/6/2019 12:47:09 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000366118

 (402)06757163000366118

SHIP TO
 Name: Kohl's Dist. Center - #00840 Location #: 00840
 Address: 2015 NE Jefferson Street
 Blue Spring (Grain Valley) D.C.,
 00840
 City/State/Zip: Grain Valley, MO 64029
 CID#: 791290254 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No: _____
 Trailer number: SNLU196868
 Seal number(s): 19863483

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

SCAC: SCNN
 Pro Number: _____

SPECIAL INSTRUCTIONS:
 Load #: 791290254
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12530207 Dept#: 115	12	153.13	Y N		
Grand Total	12	153.13			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	122.95		Pillows,Valance,Towels	49390	100
		4	ctns	30.18		Shower curtain	49385	77.5
1		12		203.13		Grand Total		

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

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

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

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

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

 Shipper Signature

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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Appt Time: _____
 In: _____
 Out: _____
 Driver Signature: _____

Order No.: 5137297 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12530207
- #00840

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	8	1	8	1
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	24	3	24	3
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	72	3	72	3
N/A	KL71-2735	086569213723	Lyla (Jacquard) Hand Towel	EA	24	24	1	24	1
N/A	KL71-2736	086569213730	Springdale(Jacquard)Hand Towel	EA	24	24	1	24	1
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	72	3	72	3

Total Weight:	153.13
Total Quantity Ordered:	224
Total Cartons Ordered:	12
Total Quantity Shipped:	224
Total Cartons Shipped:	12

Date: 9/6/2019 12:56:04 PM

Master Bill Of Lading

Page 2 of 2


HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		514	ctns	6914.29		Comforters, Bedspreads	49017	200
		8	ctns	106.42		Pillows, Valance, Towels	49390	100
23				7043.18		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		SHIPPER SIGNATURE Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	

Date: 9/6/2019 12:51:09 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00855 Location #: 00855
Address:	221 Hanson Way	Address:	890 East Mill Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Bernardino D.C., 00855
SID#:		CID#:	791290462
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000365975		Trailer number: 84683	
		Seal number(s): 19863600	
(402)06757163000365975		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect:	X
		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Load #: 791290452		(check box)	
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12530207 Dept#: 115	10	119.72	Y N	
Grand Total	10	119.72		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	97.25		Pillows,Valance,Towels	49390	100
		3	ctns	22.47		Shower curtain	49385	77.5
1		10		119.72		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature: _____	

Order No.: 5137298 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12530207
 - #00855

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	8	1	8	1
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	16	2	16	2
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	96	4	96	4
N/A	KL71-2736	086569213730	Springdale(Jacquard)Hand Towel	EA	24	24	1	24	1
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	48	2	48	2

Total Weight:	119.72
Total Quantity Ordered:	192
Total Cartons Ordered:	10
Total Quantity Shipped:	192
Total Cartons Shipped:	10

Date: 9/6/2019 12:41:21 PM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000365913

 (402)06757163000365913

SHIP TO
 Name: Kohl's Dist. Center - #00855 Location #: 00855
 Address: 890 East Mill Street
 San Bernardino D.C., 00855
 City/State/Zip: San Bernardino, CA 92408-1614
 CID#: 791290452 FOB:

CARRIER NAME: Knight Transportation
 Responsible Acct.No: _____
 Trailer number: 84683
 Seal number(s): 19863800
 SCAC: KNIG
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

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

SPECIAL INSTRUCTIONS:
 Load #: 791290452
 Packing List is Attached

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12471283 Dept#: 211	46	637.93	Y N		
Grand Total	46	637.93			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		46	ctns	637.93		Comforters, Bedspreads	49017	200
2		46		737.93		Grand Total		

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

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

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

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

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

 Shipper Signature

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

Trailer Loaded: Freight Counted:
 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 DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature: _____

Order No.: 5135291 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER - #00855 Customer PO No.: 12471283

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408-1614 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	27	27	27	27
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	19	19	19	19

Total Weight:	637.93
Total Quantity Ordered:	46
Total Cartons Ordered:	46
Total Quantity Shipped:	46
Total Cartons Shipped:	46

Date: 9/6/2019 12:42:26 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00855 Location #: 00855
Address:	221 Hanson Way	Address:	890 East Mill Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Bernardino D.C., 00855
SID#:		CID#:	791290452
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000365944		Trailer number: 84683	
		Seal number(s): 19863600	
(402)06757163000365944		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:	Address:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:			
Load #: 791290452			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12531708 Dept#: 115	1	9.17	Y N	
Grand Total	1	9.17		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	9.17		Pillows,Valance,Towels	49390	100
1		1		59.17		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

 Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 5133601 Order Date: 08/21/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12531708
 - #00855

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N66 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cins Ordered	Qty Shipped	Cins Shipped
N/A	KL71-2737	086569213747	Lyla (Stripe) Hand Towel	EA	24	24	1	24	1

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

Date: 9/6/2019 12:32:40 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000365920	
Name: E & E COMPANY LTD		 (402)06757163000365920	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84683	
VENDOR: 000074879		Seal number(s): 19863600	
SHIP TO		SCAC: KNIG	
Name: Kohl's Dist. Center - #00855 Location #: 00855		Pro Number: N/A	
Address: 890 East Mill Street			
San Bernardino D.C., 00855			
City/State/Zip: San Bernardino, CA 92408-1614			
CID#: 791290452			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 791290452			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12470943 Dept#: 211	117	1534.20	Y N		
Grand Total	117	1534.20			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFCA Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		117	ctns	1534.20		Comforters, Bedspreads	49017	200
5		117		1784.20		Grand Total		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE</p> <p><small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p>	<p>Trailer Loaded: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE</p> <p><small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small></p> <p><i>Property described above is received in good order, except as noted.</i></p> <p>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 5135282 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470943
 - #00855

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N66 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2524	086569028662	Q Summit 7pcs Comforter Set	EA	1	75	75	75	75
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	42	42	42	42

Total Weight:	1534.2
Total Quantity Ordered:	117
Total Cartons Ordered:	117
Total Quantity Shipped:	117
Total Cartons Shipped:	117

Date: 9/6/2019 12:35:15 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163000365968	
Name: E & E COMPANY LTD		 (402)06757163000365968	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR: 000074879		CARRIER NAME: Knight Transportation	
SHIP TO		Responsible Acct.No:	
Name: Kohl's Dist. Center - #00855		Trailer number: 84883	
Address: 890 East Mill Street		Seal number(s): 19863600	
City/State/Zip: San Bernardino D.C., 00855		SCAC: KNIG	
CID#: 791290452		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 791290452 Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12420138 Dept#: 611	38	353.16	Y N	
Grand Total	38	353.16		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		38	ctns	353.16		Comforters, Bedspreads	49017	200
1		38		403.16		Grand Total		

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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Order No.: 5135353 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420138
 - #00855


SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086569163783	F/Q Molra Quilt	EA	2	24	12	24	12
N/A	91SNB08QTKC	086569163806	K/CK Molra Quilt	EA	2	22	11	22	11
N/A	91SNB08QTSH	086569163837	Molra Sham	EA	4	44	11	44	11
N/A	91SNB08QTTT	086569163745	T/TXL Molra Quilt	EA	2	8	4	8	4

Total Weight:	353.16
Total Quantity Ordered:	98
Total Cartons Ordered:	38
Total Quantity Shipped:	98
Total Cartons Shipped:	38

Date: 9/6/2019 12:46:39 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000365937	
Name:	E & E COMPANY LTD	 (402)06757163000365937	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Knight Transportation	
Name:	Kohl's Dist. Center - #00855	Location #:	00855
Address:	890 East Mill Street		
	San Bernardino D.C., 00855		
City/State/Zip:	San Bernardino, CA 92408-1614		
CID#:	791290452	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: 84683	
Name:	Responsible Acct.No:		
Address:	Seal number(s): 19863600		
City/State/Zip:	SCAC: KNIG		
	Pro Number: N/A		
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Load #: 791290452		Prepaid: Collect: X 3rd Party:	
Packing List Is Attached		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12499693	Dept#: 211	29	420.20	Y N
Grand Total		29	420.20	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 560</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		29	ctns	420.20		Comforters, Bedspreads	49017	200
2		29		520.20		Grand Total		

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Order No.: 5135300 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12499893
 - #00855


SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	Shipping Date: 09/06/2019
--	--	---	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086569171771	Q Angellca Comforter Set	EA	1	21	21	21	21
N/A	KL10-2705	086569171795	K Angellca Comforter Set	EA	1	8	8	8	8

Total Weight:	420.2
Total Quantity Ordered:	29
Total Cartons Ordered:	29
Total Quantity Shipped:	29
Total Cartons Shipped:	29

Date: 9/6/2019 12:23:59 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000365951	
Name: E & E COMPANY LTD		 (402)06757163000365951	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84683	
VENDOR: 000074879		Seal number(s): 19863600	
SHIP TO		SCAC: KNIG	
Name: Kohl's Dist. Center - #00855 Location #: 00855		Pro Number: N/A	
Address: 890 East Mill Street			
City/State/Zip: San Bernardino D.C., 00855			
City/State/Zip: San Bernardino, CA 92408-1614			
CID#: 791290452			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 791290452			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12435830 Dept#: 211	284	3968.80	Y N		
Grand Total	284	3968.80			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	Pallet			550.00		Pallet		
		284	ctns	3968.80		Comforters, Bedspreads	49017	200
11		284		4518.80		Grand Total		

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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Order No.: 5137285 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435830
 - #00855

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	Shipping Date: 09/06/2019
--	--	---	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Cins Ordered	Qty Shipped	Cins Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	37	37	37	37
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	21	21	21	21
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	98	98	98	98
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	32	32	32	32
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	14	14	14	14
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	10	10	10	10
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	45	45	45	45
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	27	27	27	27

Total Weight:	3968.8
Total Quantity Ordered:	284
Total Cartons Ordered:	284
Total Quantity Shipped:	284
Total Cartons Shipped:	284

Date: 9/6/2019 11:00:44 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000366637	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Hub Group	
Name:	Kohl's Dist. Center - #00865	DC#:	00865
		Div.	
Address:	Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865	Trailer number:	HGIU501892
City/State/Zip:	Wurtsboro, NY 12790	Seal number(s):	19863591
SID#:		SCAC:	HUBG
		Pro Number:	N/A
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS: ME# 791294737		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		11:00 AM	10:30 AM
			Driver Departure Time
			11:10 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO		
				DC#	Supplier#		
12531708	Dept#: 115	1	9.17	Y N	06757163000365890	00865	
12530207	Dept#: 115	28	334.18	Y N	06757163000365906	00865	
12499693	Dept#: 211	47	685.51	Y N	06757163000365883	00865	
12471283	Dept#: 211	98	1353.31	Y N	06757163000365876	00865	
Grand Total		174	2382.17				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			400.00		Pallet		70
		145	ctns	2038.82		Comforters, Bedspreads	49017	200
		14	ctns	106.62		Shower curtain	49385	77.5
		15	ctns	236.73		Pillows, Valance, Towels	49390	100
8				2782.17		Grand Total		

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

_____ per _____

COD Amount \$ _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Also me 9.6.19

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Jose V 9-6-19

Date: 9/6/2019 10:58:08 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

Bill of Lading Number: 06757163000365890



CARRIER NAME: Hub Group

Responsible Acct.No: _____

SHIP TO

Name: Kohl's Dist. Center - #00865 Location #: 00865
 Address: Mamakating (Wurtsboro) D.C.
 3440 State Route 209, 00865
 City/State/Zip: Wurtsboro, NY 12790
 CID#: 791294737

Trailer number: HGIU501892

Seal number(s): 19863591

SCAC: HUBG

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

City/State/Zip: _____

Prepaid: _____ Collect: X 3rd Party: _____

SPECIAL INSTRUCTIONS:

Load #: 791294737

Packing List Is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12531708 Dept#: 115	1	9.17	Y	N	
Grand Total	1	9.17			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(p) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	9.17		Pillows,Valance,Towels	49390	100
1		1		59.17		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 5133602 Order Date: 08/21/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12531708
 - #00865

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL71-2737	086569213747	Lyla (Stripe) Hand Towel	EA	24	24	1	24	1

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

Date: 9/6/2019 10:52:45 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000365883	
Name:	E & E COMPANY LTD	 (402)06757163000365883	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Hub Group	
VENDOR:	000074879	Responsible Acct.No:	
SHIP TO		Trailer number: HGIU501892	
Name:	Kohl's Dist. Center - #00865	Seal number(s): 19863591	
Address:	Mamakalling (Wurtsboro) D.C. 3440 State Route 209, 00865	SCAC: HUBG	
City/State/Zip:	Wurtsboro, NY 12790	Pro Number: N/A	
CID#:	791294737		
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 791294737			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12490693	Dept#: 211	47	685.51	Y N
Grand Total		47	685.51	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		47	ctns	685.51		Comforters, Bedspreads	49017	200
2		47		785.51		Grand Total		

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

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

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

Order No.: 5135302 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12499893
 - #00865

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

SHIP TO:
 KOHL'S DIST. CENTER - #00865
 MAMAKATING (WURTSBORO) D.C.
 3440 STATE ROUTE 209
 WURTSBORO, NY 12790
 US

Shipping Date:
 09/06/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	088569171771	Q Angelica Comforter Set	EA	1	32	32	32	32
N/A	KL10-2705	088569171795	K Angelica Comforter Set	EA	1	15	15	15	15

Total Weight: 685.51
 Total Quantity Ordered: 47
 Total Cartons Ordered: 47
 Total Quantity Shipped: 47
 Total Cartons Shipped: 47

Date: 9/8/2019 10:55:05 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00865 Location #: 00865
Address:	221 Hanson Way	Address:	Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Wurtsboro, NY 12790
SID#:		CID#:	791294737
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SPECIAL INSTRUCTIONS:		SPECIAL INSTRUCTIONS:	
Load #: 791294737		Load #: 791294737	
Packing List is Attached		Packing List is Attached	

Bill of Lading Number: 06757163000365906



(402)06757163000365906

CARRIER NAME: Hub Group

Responsible Acct.No:

Trailer number: HGIU501892

Seal number(s): 19863591

SCAC: HUBG

Pro Number: N/A

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

Prepaid: Collect: X 3rd Party:

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12530207 Dept#: 115	28	334.18	Y N	
Grand Total	28	334.18		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		14	ctns	227.56		Pillows,Valance,Towels	49390	100
		14	ctns	106.62		Shower curtain	49385	77.5
1		28		384.18		Grand Total		

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

per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 5137300 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12530207
 - #00865

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 09/06/2019
--	--	---	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	16	2	16	2
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	96	12	96	12
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	192	8	192	8
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	144	6	144	6

Total Weight:	334.18
Total Quantity Ordered:	448
Total Cartons Ordered:	28
Total Quantity Shipped:	448
Total Cartons Shipped:	28

Date: 9/6/2019 10:49:32 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Henson Way
 City/State/Zip: Woodland, CA 95778
 SID#:
 PHONE:
 VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000365876



CARRIER NAME: Hub Group

Responsible Acct.No:

SHIP TO

Name: Kohl's Dist. Center - #00865 Location #: 00865
 Address: Mamakating (Wurtsboro) D.C.
 3440 State Route 209, 00865
 City/State/Zip: Wurtsboro, NY 12790
 CID#: 791294737

FOB:

Trailer number: HGIU601892

Seal number(s): 19863591

SCAC: HUBG

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 791294737

Packing List is Attached

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)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12471283 Dept#: 211	98	1353.31	Y	N	
Grand Total	98	1353.31			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		98	ctns	1353.31		Comforters, Bedspreads	49017	200
4		98		1553.31		Grand Total		

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

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

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 5135293 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471283
 - #00865

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 09/06/2019
--	--	---	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	65	65	65	65
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	33	33	33	33

Total Weight:	1353.31
Total Quantity Ordered:	98
Total Cartons Ordered:	98
Total Quantity Shipped:	98
Total Cartons Shipped:	98

Date: 9/6/2019 10:49:11 AM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000366538	
Name:	E & E COMPANY LTD	DC#:	00890
Address:	221 Hanson Way	Div.:	
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohl's Dist. Center - #00890	Trailer number:	EMHU644768
Address:	4300 MBL Drive Ottawa D.C., 00890	Seal number(s):	19863482
City/State/Zip:	Ottawa, IL 61350	SCAC:	ANSH
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
ME# 791290231		Appointment Time	Actual Driver Arrival Time
		8:00 ^{AM} _{PM}	9:30 ^{AM} _{PM}
		Driver Departure Time	11:00 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	DC#	ADDITIONAL SHIPPER INFO	
Supplier#							
12471283	Dept#: 211	85	1179.47	Y	N	06757163000365531	00890
12470943	Dept#: 211	133	1735.16	Y	N	06757163000365524	00890
12420138	Dept#: 611	94	887.41	Y	N	06757163000365562	00890
12435830	Dept#: 211	407	5665.53	Y	N	06757163000365555	00890
12499693	Dept#: 211	35	516.74	Y	N	06757163000365548	00890
12530207	Dept#: 115	25	295.18	Y	N	06757163000365579	00890
Grand Total		779	10279.49				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
29	Pallet			1450.00		Pallet		70
		11	ctns	84.15		Shower curtain	49385	77.5
		14	ctns	211.03		Pillows,Valance,Towels	49390	100

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

COD Amount \$ _____

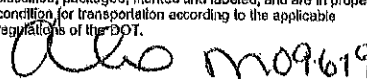
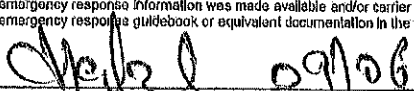
Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small> 	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small> 
	Shipper Signature		

Date: 9/6/2019 10:49:11 AM

Master Bill Of Lading

Page 2 of 2


SHIP FROM		Master Bill of Lading Number: 06757163000366538						
Name:	E & E COMPANY LTD	Address:	221 Hanson Way					
City/State/Zip:	Woodland, CA 95776	SID#:	FOB: <input type="checkbox"/>					
SHIP TO		CARRIER NAME: Alliance Shippers						
Name:	Kohl's Dist. Center - #00890	DC#:	00890					
Address:	4300 MBL Drive	Div.:						
City/State/Zip:	Ottawa, IL 61350	Trailer number:	EMHU644768					
SID#:	FOB: <input type="checkbox"/>	Seal number(s):	19863482					
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: ANSH						
Name:		Pro Number:						
Address:		Freight Charge Terms:						
City/State/Zip:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>					
SPECIAL INSTRUCTIONS: ME# 791290231		3rd Party: <input type="checkbox"/>						
		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING						
		Appointment Time	Actual Driver Arrival Time					
		AM PM	AM PM					
		Driver Departure Time	AM PM					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		754	ctns	9984.31		Comforters, Bedspreads	49017	200
29				11729.49		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount \$ _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	
		Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE		Shipper Signature	
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	
Trailer Loaded:		Freight Counted:	
<input checked="" type="checkbox"/> By Shipper		<input checked="" type="checkbox"/> By Shipper	
<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain	
		<input type="checkbox"/> By Driver/Pieces	

Date: 9/6/2019 10:48:28 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00890 Location #: 00890
Address:	221 Hanson Way	Address:	4300 MBL Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Ottawa D.C., 00890
SID#:		City/State/Zip:	Ottawa, IL 61350
PHONE:		CID#:	791290231
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000365582		FOB:	
		CARRIER NAME: Alliance Shippers	
(402)06757163000365582		Responsible Acct.No:	
Trailer number: EMHU644768		Seal number(s): 19863482	
SCAC: ANSH		Pro Number:	
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		Prepaid: Collect: X 3rd Party:	
Name:		Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 791290231			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12420138 Dept#: 611	94	887.41	Y N		
Grand Total	94	887.41			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		94	ctns	887.41		Comforters, Bedspreads	49017	200
2		94		987.41		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small>	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		Appt Time: In: Out: Driver Signature:	

Order No.: 5135358 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420138
 -#00890

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

SHIP TO:
 KOHL'S DIST. CENTER - #00890
 4300 MBL DRIVE
 OTTAWA D.C.
 OTTAWA, IL 61350
 US

Shipping Date:
 09/06/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086569163783	F/Q Molra Quilt	EA	2	60	30	60	30
N/A	91SNB08QTKC	086569163806	K/CK Molra Quilt	EA	2	48	24	48	24
N/A	91SNB08QTSH	086569163837	Molra Sham	EA	4	92	23	92	23
N/A	91SNB08QTTT	086569163745	T/TXL Molra Quilt	EA	2	34	17	34	17

Total Weight: 887.41
 Total Quantity Ordered: 234
 Total Cartons Ordered: 94
 Total Quantity Shipped: 234
 Total Cartons Shipped: 94

Date: 9/6/2019 10:48:28 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000365562	
Name:	E & E COMPANY LTD	 (402)06757163000365562	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohl's Dist. Center - #00890	Location #:	00890
Address:	4300 MBL Drive	Responsible Acct.No:	
City/State/Zip:	Ottawa D.C., 00890	Trailer number: EMHU644788	
CID#:	791290231	Seal number(s): 19863482	
		SCAC: ANSH	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading; with attached (check box) underlying Bills of Lading	
Load #: 791290231			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12420138 Dept#: 611	94	887.41	Y N	
Grand Total	94	887.41		

CARRIER INFORMATION


HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 35D</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		94	ctns	887.41		Comforters, Bedspreads	49017	200
2		94		987.41		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces		Appt Time: In: Out: Driver Signature:	

Date: 9/6/2019 10:48:41 AM

Bill of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000365531	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000365531	
SHIP TO		CARRIER NAME: Alliance Shippers	
Name: Kohl's Dist. Center - #00890 Location #: 00890 Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61360 CID#: 791290231 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: EMHU644768 Seal number(s): 19863482 SCAC: ANSH Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 791290231 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12471283 Dept#: 211	85	1179.47	Y N		
Grand Total	85	1179.47			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			160.00		Pallet		
		85	ctns	1179.47		Comforters, Bedspreads	49017	200
3		85		1329.47		Grand Total		

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>
		Appt Time: In: Out: Driver Signature:

Order No.: 5135298 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471283
 -#00890

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53061 US	SHIP TO: KOHL'S DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61360 US	Shipping Date: 09/06/2019
--	--	--	-------------------------------------


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	49	49	49	49
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	36	36	36	36

Total Weight:	1179.47
Total Quantity Ordered:	85
Total Cartons Ordered:	85
Total Quantity Shipped:	85
Total Cartons Shipped:	85

Date: 9/6/2019 10:48:41 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00890 Location #: 00890
Address:	221 Hanson Way	Address:	4300 MBL Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Ottawa D.C., 00890
SI#: _____		City/State/Zip:	Ottawa, IL 61360
PHONE: _____		CID#:	791290231
VENDOR: 000074879	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
Bill of Lading Number: 06757163000365531		Trailer number: EMHU644768	
		Seal number(s): 19883482	
(402)06757163000365531		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number: _____	
Responsible Acct.No: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: _____ Collect: X 3rd Party: _____	
Name: _____		Master Bill of Lading: with attached	
Address: _____		(check box) <input type="checkbox"/> underlying Bills of Lading	
City/State/Zip: _____			
SPECIAL INSTRUCTIONS:			
Load #: 791290231			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471283 Dept#: 211	85	1179.47	Y N	
Grand Total	85	1179.47		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		85	ctns	1179.47		Comforters, Bedspreads	49017	200
3		85		1329.47		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time: _____

In: _____


Out: _____

Driver Signature: _____

Date: 9/6/2019 10:48:46 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000366579	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: 000074878 FOB: <input type="checkbox"/>		 (402)06757163000366579	
SHIP TO		CARRIER NAME: Alliance Shippers	
Name: Kohl's Dist. Center - #00890 Location #: 00890 Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 CID#: 791290231 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: EMHU644768 Seal number(s): 19863482 SCAC: ANSH Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 791290231 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12530207 Dept#: 115	25	295.18	Y N	
Grand Total	25	295.18		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		14	ctns	211.03		Pillows,Valance,Towels	49390	100
		11	ctns	84.15		Shower curtain	49385	77.5
1		25		345.18		Grand Total		

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
		Appt Time: _____ In: _____ Out: _____ Driver Signature: _____

Order No.: 5137303 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer P O No.: 12530207
 -#00890

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

SHIP TO:
 KOHL'S DIST. CENTER -#00890
 4300 MBL DRIVE
 OTTAWA D.C.
 OTTAWA, IL 61350
 US

Shipping Date:
 09/06/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	8	1	8	1
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	80	10	80	10
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	192	8	192	8
N/A	KL71-2735	086569213723	Lyla (Jaquard) Hand Towel	EA	24	24	1	24	1
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	120	5	120	5

Total Weight: 295.18
 Total Quantity Ordered: 424
 Total Cartons Ordered: 25
 Total Quantity Shipped: 424
 Total Cartons Shipped: 25

Date: 9/6/2019 10:48:46 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00890 Location #: 00890
Address:	221 Hanson Way	Address:	4300 MBL Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Ottawa D.C., 00890
SID#:		CID#:	Ottawa, IL 61350
PHONE:			791290231 FOB: <input type="checkbox"/>
VENDOR:	000074879 FOB: <input type="checkbox"/>	THIRD PARTY FREIGHT CHARGES BILL TO:	
Bill of Lading Number: 06757163000365579		Name:	
		Address:	
(402)06757163000365579		City/State/Zip:	
CARRIER NAME: Alliance Shippers		SPECIAL INSTRUCTIONS:	
Responsible Acct.No:		Load #: 791290231	
Trailer number: EMHU644768		Packing List Is Attached	
Seal number(s): 19863482		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SCAC: ANSH		Prepaid: Collect: X 3rd Party:	
Pro Number:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		(check box)	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12530207 Dept#: 115	25	295.18	Y N	
Grand Total	25	295.18		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		14	ctns	211.03		Pillows,Valance,Towels	49390	100
		11	otns	84.15		Shower curtain	49385	77.5
1		25		345.18		Grand Total		

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

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


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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

Date: 9/6/2019 10:48:52 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000365548	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000365548	
SHIP TO		CARRIER NAME: Alliance Shippers	
Name: Kohl's Dist. Center - #00890 Location #: 00890 Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 CID#: 791290231 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: EMHU644768 Seal number(s): 19863482 SCAC: ANSH Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
Name: Address: City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 791290231 Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12499693 Dept#: 211	35	516.74	Y N		
Grand Total	35	516.74			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		35	ctns	516.74		Comforters, Bedspreads	49017	200
2		35		616.74		Grand Total		

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
		Appt Time: In: Out: Driver Signature:

Order No.: 5135305 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12499693
-#00890

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086669171771	Q Angelica Comforter Set	EA	1	21	21	21	21
N/A	KL10-2705	086669171795	K Angelica Comforter Set	EA	1	14	14	14	14

Total Weight:	516.74
Total Quantity Ordered:	35
Total Cartons Ordered:	35
Total Quantity Shipped:	35
Total Cartons Shipped:	35

Date: 9/6/2019 10:48:52 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00890 Location #: 00890
Address:	221 Hanson Way	Address:	4300 MBL Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Ottawa D.C., 00890
SID#:		CID#:	791290231
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000365548		Trailer number: EMHU644768	
		Seal number(s): 19863482	
(402)06757163000365548		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 791290231			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12499693 Dept#: 211	35	516.74	Y N	
Grand Total	35	516.74		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		35	ctns	516.74		Comforters, Bedspreads	49017	200
2		35		616.74		Grand Total		

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


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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Date: 9/6/2019 10:48:58 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 0876716300036555	
Name:	E & E COMPANY LTD	 (402)0675716300036555	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776	CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: EMHU644768	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 19863482	
SHIP TO		SCAC: ANSH	
Name:	Kohl's Dist. Center - #00890 Locallon #: 00890	Pro Number:	
Address:	4300 MBL Drive		
City/State/Zip:	Ottawa D.C., 00890		
City/State/Zip:	Ottawa, IL 61350		
CID#:	791290231 FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 791290231			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12435830 Dept#: 211	407	5665.53	Y N	
Grand Total	407	5665.53		

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
15	Pallet			750.00		Pallet				
		407	ctns	5665.53		Comforters, Bedspreads	49017	200		
15		407		6415.53		Grand Total				

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
		Appt Time: In: Out: Driver Signature:

Order No.: 5137290 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435830
- #00890

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

BILL TO:
KOHL'S STORE
N56 W17000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WI 53051
US

SHIP TO:
KOHL'S DIST. CENTER - #00890
4300 MBL DRIVE
OTTAWA D.C.
OTTAWA, IL 61350
US

Shipping Date:
09/06/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	63	63	63	63
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	29	29	29	29
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	154	154	154	154
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	43	43	43	43
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	22	22	22	22
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	14	14	14	14
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	54	54	54	54
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	28	28	28	28

Total Weight: 5665.53
Total Quantity Ordered: 407
Total Cartons Ordered: 407
Total Quantity Shipped: 407
Total Cartons Shipped: 407

Date: 9/6/2019 10:49:04 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000365524	
Name: E & E COMPANY LTD		 (402)06757163000365524	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: EMHU844768	
VENDOR: 000074879		Seal number(s): 19863482	
SHIP TO		SCAC: ANSH	
Name: Kohl's Dist. Center - #00890 Location #: 00890		Pro Number:	
Address: 4300 MBL Drive		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Ottawa D.C., 00890			
CID#: 791290231		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 791290231			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12470943 Dept#: 211	133	1735.16	Y N	
Grand Total	133	1735.16		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		133	ctns	1735.16		Comforters, Bedspreads	49017	200
6		133		2035.16		Grand Total		

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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Order No.: 5135287 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470943
 -#00890

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

SHIP TO:
 KOHL'S DIST. CENTER - #00890
 4300 MBL DRIVE
 OTTAWA D.C.
 OTTAWA, IL 61350
 US

Shipping Date:
 09/06/2019


Gust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2524	086569028862	Q Summit 7pcs Comforter Set	EA	1	91	91	91	91
N/A	KL10-2525	086569028879	K Summit 7pcs Comforter Set	EA	1	42	42	42	42

Total Weight: 1735.16
 Total Quantity Ordered: 133
 Total Cartons Ordered: 133
 Total Quantity Shipped: 133
 Total Cartons Shipped: 133

Date: 9/6/2019 10:49:04 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000365524	
Name:	E & E COMPANY LTD	 (402)06757163000365524	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776	CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: EMHU644768	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 19863482	
SHIP TO		SCAC: ANSH	
Name:	Kohl's Dist. Center - #00890	Pro Number:	
Address:	4300 MBL Drive		
City/State/Zip:	Ottawa D.C., 00890		
CID#:	791290231		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 791290231			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12470943 Dept#: 211	133	1735.16	Y	N	
Grand Total	133	1735.16			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		133	ctns	1735.16		Comforters, Bedspreads	49017	200
6		133		2035.16		Grand Total		

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

per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature: _____

Date: 9/6/2019 9:53:44 AM

Master Bill Of Lading

SHIP FROM

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

Master Bill of Lading Number: 06757163000366613

SHIP TO

Name: **Kohl's Dist. Center - #00875** DC#: 00875
 Div.
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 SID#: _____ FOB:

CARRIER NAME: Alliance Shippers

Trailer number: EMHU-653446

Seal number(s): 19863438

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
9:00 AM PM	8:10 AM PM	10:00 AM PM

SPECIAL INSTRUCTIONS:

ME# 791290241

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	DC#	Supplier#
12530207	Dept#: 115	1	9.17	Y N	06757163000365838	00875		
12499693	Dept#: 211	32	470.68	Y N	06757163000365807	00875		
12420138	Dept#: 611	14	138.36	Y N	06757163000365821	00875		
12471283	Dept#: 211	75	1040.89	Y N	06757163000365791	00875		
12470943	Dept#: 211	184	2411.14	Y N	06757163000365784	00875		
12435830	Dept#: 211	459	6437.86	Y N	06757163000365814	00875		
Grand Total		766	10508.10					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
33	Pallet			1650.00		Pallet		70
		764	ctns	10498.93		Comforters, Bedspreads	49017	200
		1	ctns	9.17		Pillows, Valance, Towels	49390	100

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

COD Amount \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

W. M. M. 9/6/19

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

[Signature] 9-6-19

Date: 9/6/2019 9:53:44 AM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000366613	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Alliance Shippers	
Name: Kohl's Dist. Center - #00875 DC#: 00875 Div. _____ Address: 3030 Airport Road East Macon D.C., 00875 City/State/Zip: Macon, GA 31216 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: EMHU-653446 Seal number(s): 19863438 SCAC: ANSH Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: ME# 791290241		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
33	12158.10	Grand Total	

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

COD Amount \$ _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper
 By Driver


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

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

Date: 9/6/2019 9:50:17 AM

Bill Of Lading

Page 1 of 1

SHIP FROM:		Bill of Lading Number: 06757163000365838	
Name:	E & E COMPANY LTD	 (402)06757163000365838	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776	CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: EMHU-653446	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 19863438	
SHIP TO:		SCAC: ANSH	
Name:	Kohl's Dist. Center - #00875	Pro Number: N/A	
Address:	3030 Airport Road East		
City/State/Zip:	Macon D.C., 00875		
CID#:	791290241		
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:			
Load #: 791290241			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12530207 Dept#: 115	1	9.17	Y N	
Grand Total	1	9.17		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	9.17		Pillows,Valance,Towels	49390	100
1		1		59.17		Grand Total		

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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Order No.: 5137301 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12530207
-#00875

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

BILL TO:
KOHL'S STORE
N56 W17000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WI 53051
US

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

Shipping Date:
09/06/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	24	1	24	1


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

Date: 9/6/2019 9:45:56 AM

Bill Of Lading

Page 1 of 1

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879 FOB:

Bill of Lading Number: 08757163000365784

 (402)06757163000365784

SHIP TO
 Name: Kohl's Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 791290241 FOB:

CARRIER NAME: Alliance Shippers
 Responsible Acct.No:
 Trailer number: EMHU-663446
 Seal number(s): 19863438

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

SCAC: ANSH
 Pro Number: N/A

SPECIAL INSTRUCTIONS:
 Load #: 791290241
 Packing List Is Attached

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12470943 Dept#: 211	184	2411.14	Y	N	
Grand Total	184	2411.14			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			400.00		Pallet		
		184	ctns	2411.14		Comforters, Bedspreads	49017	200
8		184		2811.14		Grand Total		

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

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

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

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

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

 Shipper Signature

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

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 DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 5135285 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470943
 - #00875

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

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

Shipping Date:
 09/06/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2524	086569028662	Q Summit 7pcs Comforter Set	EA	1	119	119	119	119
N/A	KL10-2625	086569028679	K Summit 7pcs Comforter Set	EA	1	65	65	65	65

Total Weight: 2411.14
Total Quantity Ordered: 184
Total Cartons Ordered: 184
Total Quantity Shipped: 184
Total Cartons Shipped: 184

Order No.: 5135303 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12499693
 - #00875

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 09/06/2019
--	--	--	-------------------------------------


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086569171771	Q Angelica Comforter Set	EA	1	20	20	20	20
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	12	12	12	12

Total Weight:	470.68
Total Quantity Ordered:	32
Total Cartons Ordered:	32
Total Quantity Shipped:	32
Total Cartons Shipped:	32

Date: 9/6/2019 9:31:35 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000365821

 (402)06757163000365821

SHIP TO
 Name: Kohl's Dist. Center - #00875 Location #: 00875
 Address: 3030 Alrport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 791290241 FOB:

CARRIER NAME: Alliance Shippers
 Responsible Acct.No:
 Trailer number: EMHU-653446
 Seal number(s): 19863438

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

SCAC: ANSH
 Pro Number: N/A

SPECIAL INSTRUCTIONS:
 Load #: 791290241
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12420138 Dept#: 611	14	138.36	Y N		
Grand Total	14	138.36			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		14	ctns	138.36		Comforters, Bedspreads	49017	200
1		14		188.36		Grand Total		

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

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

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

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

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

 Shipper Signature

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

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 5135356 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420138
 -#00875

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

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

Shipping Date:
 09/06/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086569163783	F/Q Moira Quilt	EA	2	10	5	10	5
N/A	91SNB08QTKC	086569163806	K/CK Moira Quilt	EA	2	8	4	8	4
N/A	91SNB08QTSH	086569163837	Moira Sham	EA	4	12	3	12	3
N/A	91SNB08QTTT	086569163745	T/TXL Moira Quilt	EA	2	4	2	4	2

Total Weight: 138.36
 Total Quantity Ordered: 34
 Total Cartons Ordered: 14
 Total Quantity Shipped: 34
 Total Cartons Shipped: 14

Date: 9/6/2019 9:27:26 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00875 Location #: 00875
Address:	221 Hanson Way	Address:	3030 Airport Road East Macon D.C., 00875
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Macon, GA 31216
SID#:		CID#:	791290241
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757163000365791		Trailer number: EMHU-653446	
		Seal number(s): 19863438	
(402)06757163000365791		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
SPECIAL INSTRUCTIONS: Load #: 791290241 Packing List Is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12471283 Dept#: 211	75	1040.89	Y N		
Grand Total	75	1040.89			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		75	ctns	1040.89		Comforters, Bedspreads	49017	200
3		75		1190.89		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Shipper Signature _____	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	
		Appt Time: In: Out: Driver Signature:	

Order No.: 5135294 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471283
 -#00875

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

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

Shipping Date:
 09/06/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	43	43	43	43
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	32	32	32	32

Total Weight: 1040.89
 Total Quantity Ordered: 75
 Total Cartons Ordered: 75
 Total Quantity Shipped: 75
 Total Cartons Shipped: 75

Date: 9/6/2019 9:23:23 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000365814	
Name:	E & E COMPANY LTD	 (402)06757163000365814	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohl's Dist. Center - #00875	Location #:	00875
Address:	3030 Airport Road East		
	Macon D.C., 00875		
City/State/Zip:	Macon, GA 31216		
CID#:	791290241	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: EMHU-653446	
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:	Responsible Acct.No:		
City/State/Zip:	Seal number(s): 19863438		
SPECIAL INSTRUCTIONS:	SCAC: ANSH		
Load #: 791290241	Pro Number: N/A		
Packing List is Attached	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
Prepaid:		Collect: X	3rd Party:

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12435830 Dept#: 211	459	6437.86	Y N	
Grand Total	459	6437.86		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
18	Pallet			900.00		Pallet		
		459	ctns	6437.86		Comforters, Bedspreads	49017	200
18		459		7337.86		Grand Total		

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Order No.: 5137288 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435830
 - #00875

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

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

Shipping Date:
 09/06/2019

Cust. SKU No.	Rem No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	77	77	77	77
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	48	48	48	48
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	124	124	124	124
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	58	58	58	58
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	36	36	36	36
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	20	20	20	20
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	55	55	55	55
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	41	41	41	41

Total Weight: 6437.86
 Total Quantity Ordered: 459
 Total Cartons Ordered: 459
 Total Quantity Shipped: 459
 Total Cartons Shipped: 459

Date: 9/6/2019 8:31:30 AM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000366545
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: Hub Group
Name:	Kohl's Dist. Center - #00830	DC#: 00830
		Div.
Address:	300 Admiral Byrd Drive Winchester D. C., 00830	Trailer number: HGIU 637359
		Seal number(s): 19863498
City/State/Zip:	Winchester, VA 22602	SCAC: HUBG
SID#:		Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: ME# 791290235		Appointment Time 8:00 AM	Actual Driver Arrival Time 7:15 PM
		Driver Departure Time 8:40 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO		
					DC#	Supplier#	
12530207 Dept#: 115	19	243.08	Y N	06757163000365678	00830		
12499693 Dept#: 211	27	394.65	Y N	06757163000365623	00830		
12531708 Dept#: 115	2	18.34	Y N	06757163000365647	00830		
12420138 Dept#: 611	38	363.16	Y N	06757163000365661	00830		
12471283 Dept#: 211	53	732.01	Y N	06757163000365616	00830		
12470943 Dept#: 211	143	1873.08	Y N	06757163000365609	00830		
12435830 Dept#: 211	429	5970.13	Y N	06757163000365654	00830		
Grand Total	711	9584.45					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodity description requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.	NMFC #	CLASS
29	Pallet			1450.00		Pallet		70
		9	ctns	68.73		Shower curtain	49385	77.5

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: Prepaid:
 Customer check acceptable:

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

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

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

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
Alto m09619

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
[Signature] 9/6/19

Date: 9/6/2019 8:31:30 AM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000366545	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Hub Group	
Name: Kohl's Dist. Center - #00830 DC#: 00830 Div. _____ Address: 300 Admiral Byrd Drive Winchester D. C., 00830 City/State/Zip: Winchester, VA 22602 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: HGIU 637359 Seal number(s): 19863498 SCAC: HUBG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: ME# 791290235		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CARRIER INFORMATION						LTL ONLY		
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION		
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360		NMFC #
		12	ctns	192.69		Pillows, Valance, Towels	49390	100
		690	ctns	9323.03		Comforters, Bedspreads	49017	200
29				11034.45		Grand Total		

Where the rate is dependant on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"		COD Amount \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE		SHIPPER SIGNATURE	
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	

Order No.: 5137296 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12530207
 - #00830

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

SHIP TO:
 KOHL'S DIST. CENTER - #00830
 300 ADMIRAL BYRD DRIVE
 WINCHESTER D. C.
 WINCHESTER, VA 22602
 US

Shipping Date:
 09/06/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2617	086569022653	Lyla Shower Curtain	EA	8	8	1	8	1
N/A	KL70-2730	086569192891	Springdale Shower Curtain	EA	8	64	8	64	8
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	120	5	120	5
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	120	5	120	5

Total Weight: 243.08
 Total Quantity Ordered: 312
 Total Cartons Ordered: 19
 Total Quantity Shipped: 312
 Total Cartons Shipped: 19

Order No.: 5135351 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420138
 - #00830

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

BILL TO:
 KOHL'S STORE
 N56 W17000 RIDGEWOOD DRIVE
 MENOMONEE FALLS, WI 53051
 US

SHIP TO:
 KOHL'S DIST. CENTER - #00830
 300 ADMIRAL BYRD DRIVE
 WINCHESTER D. C.
 WINCHESTER, VA 22602
 US

Shipping Date:
 09/06/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	91SNB08QTFQ	086569163783	F/Q Molra Quilt	EA	2	26	13	26	13
N/A	91SNB08QTKC	086569163806	K/CK Molra Quilt	EA	2	18	9	18	9
N/A	91SNB08QTSH	086569163837	Molra Sham	EA	4	40	10	40	10
N/A	91SNB08QTTT	086569163745	T/TXL Molra Quilt	EA	2	12	6	12	6

Total Weight: 353.16
 Total Quantity Ordered: 96
 Total Cartons Ordered: 38
 Total Quantity Shipped: 96
 Total Cartons Shipped: 38

Date: 9/6/2019 8:23:23 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>	Bill of Lading Number: 06757163000365647  (402)06757163000365647 CARRIER NAME: Hub Group Responsible Accl.No: _____ Trailer number: HGIU 637359 Seal number(s): 19863498 SCAC: HUBG Pro Number: _____		
Name: Kohl's Dist. Center - #00830 Location #: 00830 Address: 300 Admiral Byrd Drive Winchester D. C., 00830 City/State/Zip: Winchester, VA 22602 CID#: 791290235 FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____		
THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____		SPECIAL INSTRUCTIONS: Load #: 791290235 Packing List is Attached <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12531708 Dept#: 115	2	18.34	Y N	
Grand Total	2	18.34		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	18.34		Pillows,Valance,Towels	49390	100
1		2		68.34		Grand Total		

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: _____ In: _____ Out: _____ Driver Signature: _____
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Order No.: 5133589 Order Date: 08/21/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12531708
 - #00830

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53061 US	SHIP TO: KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL71-2737	086569213747	Lyla (Stripe) Hand Towel	EA	24	48	2	48	2

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

Date: 9/6/2019 8:21:09 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

Bill of Lading Number: 06757163000365616



CARRIER NAME: Hub Group
 Responsible Acct.No: _____

SHIP TO

Name: Kohl's Dist. Center - #00830 Location #: 00830
 Address: 300 Admiral Byrd Drive
 Winchester D. C., 00830
 City/State/Zip: Winchester, VA 22602
 CID#: 791290235

Trailer number: HGIU 637359
 Seal number(s): 19863498

SCAC: HUBG
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

City/State/Zip: _____

Prepaid: _____ Collect: X 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 791290235
 Packing List Is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471283 Dept#: 211	53	732.01	Y N	
Grand Total	53	732.01		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		53	ctns	732.01		Comforters, Bedspreads	49017	200
2		53		832.01		Grand Total		

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

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

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 5135289 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471283
 -#00830

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	088569958570	Q Caledon 7pcs Comforter Set	EA	1	35	35	35	35
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	18	18	18	18

Total Weight:	732.01
Total Quantity Ordered:	53
Total Cartons Ordered:	53
Total Quantity Shipped:	53
Total Cartons Shipped:	53

Order No.: 5135280 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470943
 -#00830

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2524	086569028662	Q Summit 7pcs Comforter Set	EA	1	93	93	93	93
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	50	50	50	50

Total Weight:	1873.08
Total Quantity Ordered:	143
Total Cartons Ordered:	143
Total Quantity Shipped:	143
Total Cartons Shipped:	143

Date: 9/6/2019 8:01:20 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000365623
Name: E & E COMPANY LTD		 (402)06757163000365623
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		CARRIER NAME: Hub Group
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:
SHIP TO		Trailer number: HGIU 637359
Name: Kohl's Dist. Center - #00830	Location #: 00830	Seal number(s): 19863498
Address: 300 Admiral Byrd Drive		
City/State/Zip: Winchester D. C., 00830		SGAC: HUBG
CID#: 791290235	FOB: <input type="checkbox"/>	Pro Number:
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		
City/State/Zip:		Prepaid: Collect: X 3rd Party:
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
Load #: 791290235		
Packing List Is Attached		

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12499693 Dept#: 211	27	394.65	Y N	
Grand Total	27	394.65		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		27	ctns	394.65		Comforters, Bedspreads	49017	200
2		27		494.65		Grand Total		

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

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

Order No.: 5135298 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12499693
 - #00830

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N66 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086569171771	Q Angelica Comforter Set	EA	1	18	18	18	18
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	9	9	9	9

Total Weight:	394.65
Total Quantity Ordered:	27
Total Cartons Ordered:	27
Total Quantity Shipped:	27
Total Cartons Shipped:	27

Order No.: 5137283 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435830
 - #00830

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 09/06/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	56	56	56	56
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	38	38	38	38
N/A	KL10-2646	086569131737	Q Lyla Mauve 7pcs Comforter Se	EA	1	154	154	154	154
N/A	KL10-2647	086569131744	K Lyla Mauve 7pcs Comforter Se	EA	1	37	37	37	37
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	37	37	37	37
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	10	10	10	10
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	64	64	64	64
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	33	33	33	33

Total Weight:	5970.13
Total Quantity Ordered:	429
Total Cartons Ordered:	429
Total Quantity Shipped:	429
Total Cartons Shipped:	429