

# KOHL'S

## NOTIFICATION OF PO FILL RATE ISSUE

Detection Date: 11/6/2019

ATTENTION:

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

E & E CO LTD  
DUNS # 053909938

**PURCHASE ORDER NUMBER:** 12530207  
**RECEIVER SEQUENCE:**

**DATE RECEIVED:**  
**DISTRIBUTION CENTER:** 0090 MEN. FALLS CORPORATE

**DEPARTMENT NUMBER:** 0115

PURCHASE ORDER SHIP WINDOWS:

**DO NOT SHIP BEFORE DATE:** 9/2/2019  
**CANCEL IF NOT SHIPPED BEFORE DATE:** 9/7/2019

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

**VIOLATION NUMBER:** 9721515

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

**VIOLATION AMOUNT:** \$156.80

**VIOLATION COMMENTS:**

NONE

**ITEM DETAILS:**

Issue Num	Issue pieces	SKU
1	8	81109597 00086569022653

SKU: 81109597; UPC: 00086569022653; SKU Desc: Lyla Botanical Print Shower C; PO Ord Units: 72; Total Recv Units (at analysis): 64; Discrepant Units: 8; %Short: 11.11; PO Ord Cost: 612; Total Rcv Cost: 544

\*\*\*\* END OF REPORT \*\*\*\*

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

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000367306	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

<b>SHIP TO</b>		<b>CARRIER NAME:</b> TRANSPORT CO. OF AMERICA	
Name:	Kohl's	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	540682
		Seal number(s):	19863582
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	TCAM
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
ME# 791294758		11:00 AM	11:00 AM
			Driver Departure Time
			12:20 AM

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

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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
19	Pallet			950.00		Pallet		70
		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**

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Alto Mar 9.19</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Zee Khan 9-9-19</i>
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Date: 9/9/2019 12:10:48 PM

## Master Bill Of Lading

Page 2 of 2

SHIP FROM				SHIP TO				
Name: E & E COMPANY LTD				Master Bill of Lading Number: 06757163000367306				
Address: 221 Hanson Way				CARRIER NAME: TRANSPORT CO. OF AMERICA				
City/State/Zip: Woodland, CA 95776				Trailer number: 540682				
SID#: _____ FOB: <input type="checkbox"/>				Seal number(s): 19863582				
Name: Kohl's				DC#: XDSFS				
Address: X-DOCK PERFORMANCE TEAM BLDG 6				SCAC: TCAM				
12816 SHOEMAKER AVE, XDSFS				Pro Number: _____				
City/State/Zip: SANTA FE SPRINGS, CA 90670				Appointment Time				
SID#: _____ FOB: <input type="checkbox"/>				Actual Driver Arrival Time				
Name: _____				Driver Departure Time				
Address: _____				Freight Charge Terms:				
City/State/Zip: _____				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>				
SPECIAL INSTRUCTIONS:				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED				
ME# 791294758				<input type="checkbox"/> UNDERLYING BILLS OF LANDING				
				AM		AM		
				PM		PM		
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		2	ctns	34.87		Pillows, Valance, Towels	49390	100
19				6694.09		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

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

## Bill of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00860 Location #: 00860
Address:	221 Hanson Way	Address:	1600 North Business 45 Corsicana D.C., 00860
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Corsicana, TX 75110
SID#:		CID#:	791294758
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000366033		Trailer number: 540682	
		Seal number(s): 19863582	
(402)06757163000366033		SCAC: TCAM	
CARRIER NAME: TRANSPORT CO. OF AMERICA		Pro Number:	
Responsible Accl.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
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
12530207 Dept#: 115	5	58.00	Y N	
<b>Grand Total</b>	<b>5</b>	<b>58.00</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	34.87		Pillows,Valance,Towels	49390	100
		3	ctns	23.13		Shower curtain	49385	77.5
1		5		108.00		<b>Grand Total</b>		

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

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


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		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00860 Location #: 00860
Address:	221 Hanson Way	Address:	1600 North Business 45 Corsicana D.C., 00860
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Corsicana, TX 75110
SID#:		CID#:	791294758
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000365999		Trailer number: 540682	
		Seal number(s): 19863582	
(402)06757163000365999		SCAC: TCAM	
CARRIER NAME: TRANSPORT CO. OF AMERICA		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 791294758		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Packing List Is Attached		(check box)	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12471283 Dept#: 211	32	446.69	Y N		
<b>Grand Total</b>	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(a) of NMFC Item 369</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		<b>Grand Total</b>		

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 _____"	<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  _____ 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. <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

Order No.: 5135292    Order Date: 08/23/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12471283  
 - #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	KL10-2463	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

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000366002	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____		 (402)06757163000366002	
VENDOR: 000074879      FOB: <input type="checkbox"/>		CARRIER NAME: TRANSPORT CO. OF AMERICA Responsible Acct.No: _____	
<b>SHIP TO</b>		Trailer number: 540682 Seal number(s): 19863582	
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: <input type="checkbox"/>		SCAC: TCAM Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12499693      Dept#: 211	30	449.55	Y    N		
<b>Grand Total</b>	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 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		
		30	ctns	449.55		Comforters, Bedspreads	49017	200
2		30		549.55		<b>Grand Total</b>		

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

<b>COD Amount:</b> _____
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

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <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	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Order No.: 5135301    Order Date: 08/23/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12499693  
 - #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	KL10-2704	086569171771	Q Angelica Comforter Set	EA	1	15	15	15	15
N/A	KL10-2705	086569171795	K Angelica 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

Date: 9/9/2019 11:53:42 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000365982	
Name:	E & E COMPANY LTD	 (402)06757163000365982	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: TRANSPORT CO. OF AMERICA	
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:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: 540682	
Name:	Address:		
City/State/Zip:	Seal number(s): 19863582		
SPECIAL INSTRUCTIONS:	SCAC: TCAM		
Load #: 791294758	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
12470943	Dept#: 211	87	Y N	
<b>Grand Total</b>		87	1143.54	

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
4	Pallet			200.00		Pallet		
		87	ctns	1143.54		Comforters, Bedspreads	49017	200
4		87		1343.54		<b>Grand Total</b>		

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 _____"	<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

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

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORNICANA D.C. CORNICANA, TX 75110 US	<b>Shipping Date:</b> 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	KL10-2524	086569028662	Q Summit 7pcs Comforter Set	EA	1	54	54	54	54
N/A	KL10-2525	086569028679	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

<b>SHIP FROM</b>		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: 540682	
VENDOR: 000074879		Seal number(s): 19863582	
<b>SHIP TO</b>		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"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading	
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		
<b>Grand Total</b>	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		<b>Grand Total</b>		

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

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <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	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.  Appt Time: In: Out: Driver Signature:
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Order No.: 5137286    Order Date: 08/28/2019    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)

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12420138      Dept#: 611	33	311.30	Y	N	
<b>Grand Total</b>	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 360</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		<b>Grand Total</b>		

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

**COD Amount:** \_\_\_\_\_  
**Fee Terms:**      Collect:       Prepaid:   
 Customer check acceptable:

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

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

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

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

**Trailer Loaded:**      **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 Customer PO No.: 12420138  
- #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	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	91SNB08QTSH	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

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000366743
Name:	<b>E &amp; E COMPANY LTD</b>	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

<b>SHIP TO</b>		<b>CARRIER NAME: Schneider</b>
Name:	<b>Kohl's Dist. Center - #00810</b>	DC#: 00810
		Div.
Address:	7855 County Road 140 Findlay D.C., 00810	Trailer number: SNLU151853
		Seal number(s): 19863581
City/State/Zip:	Findlay, OH 45840	SCAC: SCNN
SID#:		Pro Number:
		FOB: <input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
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	
<b>SPECIAL INSTRUCTIONS:</b> ME# 791290232		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#	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	
<b>Grand Total</b>		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(e) of NMFC Item 300</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		<b>Grand Total</b>		

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

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

**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**

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Ally moq.619</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>acty 9/6/19</i>
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# 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	FOB: <input type="checkbox"/>	 (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	FOB: <input type="checkbox"/>	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:	
SPECIAL INSTRUCTIONS: Load #: 791290232  Packing List is Attached	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party:	
<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12530207      Dept#: 115	19	220.85	Y	N	
<b>Grand Total</b>	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 slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
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		<b>Grand Total</b>		

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

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

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

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

<b>SHIP FROM:</b>	<b>BILL TO:</b>	<b>SHIP TO:</b>	<b>Shipping Date:</b>
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 - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 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	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	24	3	24	3
N/A	KL70-2730	086569192691	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



Order No.: 5135350    Order Date: 08/23/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12420138  
 - #00810


<b>SHIP FROM:</b>	<b>BILL TO:</b>	<b>SHIP TO:</b>	<b>Shipping Date:</b>
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 - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 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	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

<b>Total Weight:</b>	<b>921.55</b>
<b>Total Quantity Ordered:</b>	<b>246</b>
<b>Total Cartons Ordered:</b>	<b>98</b>
<b>Total Quantity Shipped:</b>	<b>246</b>
<b>Total Cartons Shipped:</b>	<b>98</b>

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

# Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000366200		
Name:	E & E COMPANY LTD	 (402)06757163000366200	CARRIER NAME: Schneider	
Address:	221 Hanson Way			Responsible Acct.No:
City/State/Zip:	Woodland, CA 95776			Trailer number: SNLU151853
SID#:				Seal number(s): 19863581
PHONE:				SCAC: SCNN
VENDOR: 000074879	FOB: <input type="checkbox"/>	Pro Number:		
SHIP TO				
Name:	Kohl's Dist. Center - #00810	Location #:	00810	
Address:	7855 County Road 140			
	Findlay D.C., 00810			
City/State/Zip:	Findlay, OH 45840			
CID#:	791290232	FOB:	<input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:				
Name:				
Address:				
City/State/Zip:				
SPECIAL INSTRUCTIONS:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
Load #: 791290232	Prepaid:                      Collect: <input checked="" type="checkbox"/> 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	49	708.85	Y    N		
<b>Grand Total</b>	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 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		
		49	ctns	708.85		Comforters, Bedspreads	49017	200
2		49		808.85		<b>Grand Total</b>		

<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><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b>                      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><b>SHIPPER SIGNATURE / DATE</b>          This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b></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><b>CARRIER SIGNATURE / PICKUP DATE</b>          Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  <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.: 5135297 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12499693  
 - #00810

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	<b>Shipping Date:</b> 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	36	36	36	36
N/A	KL10-2705	086569171795	K Angelica 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

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000366194	
Name:	E & E COMPANY LTD	 (402)06757163000366194	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		<b>CARRIER NAME:</b> Schneider	
VENDOR:	000074879	Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: SNLU151853	
Name:	Kohl's Dist. Center - #00810	Location #: 00810	
Address:	7855 County Road 140	Seal number(s): 19863581	
City/State/Zip:	Findlay D.C., 00810	<b>SCAC:</b> SCNN	
CID#:	791290232	<b>Pro Number:</b>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Address:			
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>			
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	
<b>Grand Total</b>	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 360</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		<b>Grand Total</b>		

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

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

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

<b>SHIP FROM:</b>	<b>BILL TO:</b>	<b>SHIP TO:</b>	<b>Shipping Date:</b>
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 - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 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	60	60	60	60
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	37	37	37	37

<b>Total Weight:</b>	<b>1342.84</b>
<b>Total Quantity Ordered:</b>	<b>97</b>
<b>Total Cartons Ordered:</b>	<b>97</b>
<b>Total Quantity Shipped:</b>	<b>97</b>
<b>Total Cartons Shipped:</b>	<b>97</b>

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

# Master Bill Of Lading

Page 1 of 2

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000366699	
Name:	<b>E &amp; E COMPANY LTD</b>		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Knight Transportation	
Name:	<b>Kohl's Dist. Center - #00885</b>	DC#:	00885
		Div.:	
Address:	2065 Keystone Pacific Parkway Patterson D.C., 00885	Trailer number:	67811
		Seal number(s):	19863599
City/State/Zip:	Patterson, CA 95363	SCAC:	KNIG
SID#:		Pro Number:	N/A
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
ME# 791290206		1:00 AM	1:00 AM
		Driver Departure Time	2:15 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	Supplier#
						DC#	
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	
12435830	Dept#: 211	239	3363.47	Y N	06757163000366163	00885	
12470943	Dept#: 211	90	1179.68	Y N	06757163000366125	00885	
<b>Grand Total</b>		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 transportation with ordinary care. See Section 2(e) 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 stated specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

<b>COD Amount \$</b> _____
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.

<b>SHIPPER SIGNATURE / DATE</b> <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> 	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> <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 2:08:14 PM

# Master Bill Of Lading

Page 2 of 2

<b>SHIP FROM</b>		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"/>	
<b>SHIP TO</b>		CARRIER NAME: Knight Transportation	
Name: Kohl's Dist. Center - #00885		DC#: 00885	
		Div. _____	
Address: 2065 Keystone Pacific Parkway		Trailer number: 67811	
Patterson D.C., 00885		Seal number(s): 19863599	
City/State/Zip: Patterson, CA 95363		SCAC: KNIG	
SID#: _____		Pro Number: N/A	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
City/State/Zip: _____			
SPECIAL INSTRUCTIONS: ME# 791290206		Appointment Time AM PM	
		Actual Driver Arrival Time AM PM	
		Driver Departure Time AM PM	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</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		<b>Grand Total</b>		

<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><b>COD Amount \$</b> _____</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;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b>          This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</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><b>CARRIER SIGNATURE / PICKUP DATE</b>          Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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Date: 9/6/2019 2:04:27 PM

**Bill Of Lading**

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00885      Location #: 00885
Address:	221 Hanson Way	Address:	2065 Keystone Pacific Parkway
City/State/Zip:	Woodland, CA 95776		Patterson D.C., 00885
SID#:		City/State/Zip:	Patterson, CA 95363
PHONE:		CID#:	791290206      FOB: <input type="checkbox"/>
VENDOR:	000074879      FOB: <input type="checkbox"/>	<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>	
		Name:	
		Address:	
		City/State/Zip:	
SPECIAL INSTRUCTIONS: Load #: 791290206 Packing List is Attached		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  Prepaid:                      Collect: <input checked="" type="checkbox"/> 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
12530207      Dept#: 115	5	60.92	Y	N	
<b>Grand Total</b>	<b>5</b>	<b>60.92</b>			

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	53.21		Pillows,Valance,Towels	49390	100
		1	ctns	7.71		Shower curtain	49385	77.5
1		5		110.92		<b>Grand Total</b>		

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

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

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

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

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	<b>Shipping Date:</b> 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	KL70-2730	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	KL71-2735	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

<b>Total Weight:</b>	60.92
<b>Total Quantity Ordered:</b>	104
<b>Total Cartons Ordered:</b>	5
<b>Total Quantity Shipped:</b>	104
<b>Total Cartons Shipped:</b>	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	CARRIER NAME: Knight Transportation	
Address: 221 Hanson Way		Responsible Acct.No:	
City/State/Zip: Woodland, CA 95776		Trailer number: 67811	
SID#:		Seal number(s): 19863599	
PHONE:		SCAC: KNIG	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Pro Number: N/A	
SHIP TO		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Kohl's Dist. Center - #00885	Location #: 00885	Prepaid:                      Collect: X                      3rd Party:	
Address: 2065 Keystone Pacific Parkway	Patterson D.C., 00885	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip: Patterson, CA 95363	CID#: 791290206		
	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
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		
<b>Grand Total</b>	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(a) of NMFC Item 360</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		<b>Grand Total</b>		

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

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

Order No.: 5137289    Order Date: 08/26/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12435830  
 -#00885

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

<b>Total Weight:</b>	<b>3363.47</b>
<b>Total Quantity Ordered:</b>	<b>239</b>
<b>Total Cartons Ordered:</b>	<b>239</b>
<b>Total Quantity Shipped:</b>	<b>239</b>
<b>Total Cartons Shipped:</b>	<b>239</b>

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

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000366125	
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000366125	
City/State/Zip: Woodland, CA 95776	SID#:	CARRIER NAME: Knight Transportation	
PHONE:	VENDOR: 000074879	Responsible Acct.No:	Trailer number: 67811
FOB: <input type="checkbox"/>	SHIP TO		Seal number(s): 19863599
Name: Kohl's Dist. Center - #00885	Location #: 00885	SCAC: KNIG	Pro Number: N/A
Address: 2065 Keystone Pacific Parkway	Patterson D.C., 00885	THIRD PARTY FREIGHT CHARGES BILL TO:	
City/State/Zip: Patterson, CA 95363	CID#: 791290206	Name:	
FOB: <input type="checkbox"/>	Address:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
SPECIAL INSTRUCTIONS:		Prepaid:                      Collect: <b>X</b> 3rd Party:	
Load #: 791290206	City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached
Packing List is Attached			(check box)                      underlying Bills of Lading

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12470943      Dept#: 211	90	1179.68	Y      N		
<b>Grand Total</b>	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(e) of NMFC Item 360</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		<b>Grand Total</b>		

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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

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

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

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	<b>Shipping Date:</b> 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	58	58	58	58
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	32	32	32	32

<b>Total Weight:</b>	1179.68
<b>Total Quantity Ordered:</b>	90
<b>Total Cartons Ordered:</b>	90
<b>Total Quantity Shipped:</b>	90
<b>Total Cartons Shipped:</b>	90

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

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000366149	
Name:	E & E COMPANY LTD	 (402)06757163000366149	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Knight Transportation	
VENDOR:	000074879	Responsible Acct.No:	
SHIP TO		Trailer number: 67811	
Name:	Kohl's Dist. Center - #00885	Seal number(s): 19863599	
Address:	2065 Keystone Pacific Parkway	SCAC: KNIG	
City/State/Zip:	Patterson D.C., 00885	Pro Number: N/A	
City/State/Zip:	Patterson, CA 95363		
CID#:	791290206		
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 #: 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		
<b>Grand Total</b>	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		<b>Grand Total</b>		

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
--	---

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded:      Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.  Appt Time: In: Out: Driver Signature:
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Order No.: 5135304 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12499693  
 - #00885

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


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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		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00885 Location #: 00885
Address:	221 Hanson Way	Address:	2065 Keystone Pacific Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Patterson D.C., 00885
SID#:		City/State/Zip:	Patterson, CA 95363
PHONE:		CID#:	791290206
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000366170		Trailer number: 67811	
		Seal number(s): 19863599	
(402)06757163000366170		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
3rd Party:			
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 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	
<b>Grand Total</b>	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 slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		41	ctns	380.25		Comforters, Bedspreads	49017	200
1		41		430.25		<b>Grand Total</b>		

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

per \_\_\_\_\_

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

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

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	<b>Shipping Date:</b> 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	91SNB08QTSH	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



Order No.: 5133603    Order Date: 08/21/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12531708  
 - #00885

<b>SHIP FROM:</b>	<b>BILL TO:</b>	<b>SHIP TO:</b>	<b>Shipping Date:</b>
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	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		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00885 Location #: 00885
Address:	221 Hanson Way	Address:	2065 Keystone Pacific Parkway Patterson D.C., 00885
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Patterson, CA 95363
SID#:		CID#:	791290206
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000366132		CARRIER NAME: Knight Transportation	
		Responsible Acct.No:	
(402)06757163000366132		Trailer number: 67811	
SCAC: KNIG		Seal number(s): 19863599	
Pro Number: N/A		SPECIAL INSTRUCTIONS:	
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		Load #: 791290206	
Prepaid: Collect: X 3rd Party:		Packing List is Attached	
<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading			

## CUSTOMER ORDER INFORMATION

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

## 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		
		48	ctns	664.26		Comforters, Bedspreads	49017	200
2		48		764.26		<b>Grand Total</b>		

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

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

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

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:  
In:  
Out:  
Driver Signature:

Order No.: 5135295    Order Date: 08/23/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12471283  
 -#00885

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	<b>Shipping Date:</b> 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	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 12:56:04 PM

# Master Bill Of Lading

Page 1 of 2

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000366668	
Name: <b>E &amp; E COMPANY LTD</b>			
Address: <b>221 Hanson Way</b>			
City/State/Zip: <b>Woodland, CA 95776</b>			
SID#:	FOB: <input type="checkbox"/>		
<b>SHIP TO</b>		<b>CARRIER NAME: Knight Transportation</b>	
Name: <b>Kohl's Dist. Center - #00855</b>		DC#: 00855	
		Div.	
Address: <b>890 East Mill Street</b>		Trailer number: 84683	
<b>San Bernardino D.C., 00855</b>		Seal number(s): 19863600	
City/State/Zip: <b>San Bernardino, CA 92408-1614</b>		SCAC: KNIG	
SID#:	FOB: <input type="checkbox"/>	Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED</b> (check box) <b>UNDERLYING BILLS OF LANDING</b>	
City/State/Zip:			
SPECIAL INSTRUCTIONS: ME# 791290452		Appointment Time <b>12:00 AM</b>	Actual Driver Arrival Time <b>11:30 PM</b>
		Driver Departure Time <b>1:05 AM</b>	

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
				BOL#	DC#	Supplier#		
12531708	Dept#: 115	1	9.17	Y	N	06757163000365944	00855	
12499693	Dept#: 211	29	420.20	Y	N	06757163000365937	00855	
12530207	Dept#: 115	10	119.72	Y	N	06757163000365975	00855	
12471283	Dept#: 211	46	637.93	Y	N	06757163000365913	00855	
12420138	Dept#: 611	38	353.16	Y	N	06757163000365968	00855	
12470943	Dept#: 211	117	1534.20	Y	N	06757163000365920	00855	
12435830	Dept#: 211	284	3968.80	Y	N	06757163000365951	00855	
<b>Grand Total</b>		<b>525</b>	<b>7043.18</b>					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
23	Pallet			1150.00		Pallet		70
		3	ctns	22.47		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.  
*[Signature]* 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 12:56:04 PM

## Master Bill Of Lading

Page 2 of 2

<b>SHIP FROM</b>				Master Bill of Lading Number: 06757163000366668				
Name: E & E COMPANY LTD								
Address: 221 Hanson Way								
City/State/Zip: Woodland, CA 95776								
SID#: _____				FOB: <input type="checkbox"/>				
<b>SHIP TO</b>				CARRIER NAME: Knight Transportation				
Name: Kohl's Dist. Center - #00855				DC#: 00855				
				Div. _____				
Address: 890 East Mill Street				Trailer number: 84683				
San Bernardino D.C., 00855				Seal number(s): 19863600				
City/State/Zip: San Bernardino, CA 92408-1614				SCAC: KNIG				
SID#: _____				Pro Number: _____				
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				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# 791290452				(check box) UNDERLYING BILLS OF LANDING				
Appointment Time		Actual Driver Arrival Time		Driver Departure Time				
AM		AM		AM				
PM		PM		PM				
<b>CARRIER INFORMATION</b>								
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
		514	ctns	6914.29		Comforters, Bedspreads	49017	200
		8	ctns	106.42		Pillows, Valance, Towels	49390	100
23				7043.18		<b>Grand Total</b>		

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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000365975		
Name: E & E COMPANY LTD	 (402)06757163000365975			
Address: 221 Hanson Way				
City/State/Zip: Woodland, CA 95776				
SID#:				
PHONE:				
VENDOR: 000074879	FOB: <input type="checkbox"/>	CARRIER NAME: Knight Transportation		
<b>SHIP TO</b>		Responsible Acct.No:		
Name: Kohl's Dist. Center - #00855	Location #: 00855	Trailer number: 84683		
Address: 890 East Mill Street	Seal number(s): 19863600			
San Bernardino D.C., 00855		SCAC: KNIG		
City/State/Zip: San Bernardino, CA 92408-1614	Pro Number:			
CID#: 791290452	FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
Address:				
City/State/Zip:				
SPECIAL INSTRUCTIONS: Load #: 791290452		Prepaid:	Collect: X	3rd Party:
Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12530207 Dept#: 115	10	119.72	Y N	
<b>Grand Total</b>	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 369</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		<b>Grand Total</b>		

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


<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>  Appt Time: In: Out: Driver Signature:
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Order No.: 5137298    Order Date: 08/26/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12530207  
 - #00855

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

<b>Total Weight:</b>	119.72
<b>Total Quantity Ordered:</b>	192
<b>Total Cartons Ordered:</b>	10
<b>Total Quantity Shipped:</b>	192
<b>Total Cartons Shipped:</b>	10

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000365913
Name: E & E COMPANY LTD		 (402)06757163000365913
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		<b>CARRIER NAME:</b> Knight Transportation
SID#:		Responsible Acct.No:
PHONE:		Trailer number: 84683
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 19863600
<b>SHIP TO</b>		<b>SCAC:</b> KNIG
Name: Kohl's Dist. Center - #00855	Location #: 00855	<b>Pro Number:</b> 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	FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		
Name:		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)
Address:		
City/State/Zip:		<b>Prepaid:</b> <b>Collect:</b> X <b>3rd Party:</b>
<b>SPECIAL INSTRUCTIONS:</b>		<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
12471283      Dept#: 211	46	637.93	Y    N	
<b>Grand Total</b>	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 360</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		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <div style="text-align: right;">_____ Shipper Signature</div>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  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 Customer PO No.: 12471283  
 - #00855

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	<b>Shipping Date:</b> 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	
<b>Name:</b> E & E COMPANY LTD <b>Address:</b> 221 Hanson Way <b>City/State/Zip:</b> Woodland, CA 95776 <b>SID#:</b> <b>PHONE:</b> <b>VENDOR:</b> 000074879 <b>FOB:</b> <input type="checkbox"/>		<b>Bill of Lading Number:</b> 06757163000365944  (402)06757163000365944 <b>CARRIER NAME:</b> Knight Transportation <b>Responsible Acct.No:</b> <b>Trailer number:</b> 84683 <b>Seal number(s):</b> 19863600 <b>SCAC:</b> KNIG <b>Pro Number:</b> N/A	
<b>Name:</b> Kohl's Dist. Center - #00855 <b>Location #:</b> 00855 <b>Address:</b> 890 East Mill Street San Bernardino D.C., 00855 <b>City/State/Zip:</b> San Bernardino, CA 92408-1614 <b>CID#:</b> 791290452 <b>FOB:</b> <input type="checkbox"/>		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) <b>Prepaid:</b> <b>Collect:</b> X <b>3rd Party:</b>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> <b>Name:</b> <b>Address:</b>  <b>City/State/Zip:</b>		<input type="checkbox"/> <b>Master Bill of Lading:</b> with attached underlying Bills of Lading (check box)	
<b>SPECIAL INSTRUCTIONS:</b> 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		

<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><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b>      <b>Collect:</b> <input type="checkbox"/>      <b>Prepaid:</b> <input type="checkbox"/></p> <p style="text-align: center;"><b>Customer check acceptable:</b> <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><b>SHIPPER SIGNATURE / DATE</b>  <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><b>Trailer Loaded:</b>      <b>Freight Counted:</b></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><b>CARRIER SIGNATURE / PICKUP DATE</b>  <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><b>Appt Time:</b>  <b>In:</b>  <b>Out:</b>  <b>Driver Signature:</b></p>
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Order No.: 5133601    Order Date: 08/21/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12531708  
 -#00855

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

<b>Total Weight:</b>	9.17
<b>Total Quantity Ordered:</b>	24
<b>Total Cartons Ordered:</b>	1
<b>Total Quantity Shipped:</b>	24
<b>Total Cartons Shipped:</b>	1

Date: 9/6/2019 12:32:40 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: 06757163000365920		Trailer number: 84683	
		Seal number(s): 19863600	
(402)06757163000365920		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number: N/A	
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	
Load #: 791290452		(check box) underlying Bills of Lading	
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	
<b>Grand Total</b>	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 NMFC Item 360</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		<b>Grand Total</b>		

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.: 5135282    Order Date: 08/23/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12470943  
 - #00855

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

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<b>Total Weight:</b>	1534.2
<b>Total Quantity Ordered:</b>	117
<b>Total Cartons Ordered:</b>	117
<b>Total Quantity Shipped:</b>	117
<b>Total Cartons Shipped:</b>	117

Date: 9/6/2019 12:35:15 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      FOB: <input type="checkbox"/>
PHONE:		THIRD PARTY FREIGHT CHARGES BILL TO:	
VENDOR:	000074879      FOB: <input type="checkbox"/>	Name:	
		Address:	
		City/State/Zip:	
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	

Bill of Lading Number: 06757163000365968



(402)06757163000365968

CARRIER NAME: Knight Transportation

Responsible Acct.No:

Trailer number: 84683

Seal number(s): 19863600

SCAC: KNIG

Pro Number:

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
12420138      Dept#: 611	38	353.16	Y      N	
<b>Grand Total</b>	<b>38</b>	<b>353.16</b>		

**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		
		38	ctns	353.16		Comforters, Bedspreads	49017	200
1		38		403.16		<b>Grand Total</b>		

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

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

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

\_\_\_\_\_  
Shipper Signature**SHIPPER SIGNATURE / DATE**

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Pieces**CARRIER SIGNATURE / PICKUP DATE**

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 5135353 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12420138  
 -#00855


<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	<b>Shipping Date:</b> 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	91SNB08QTSH	086569163837	Moira Sham	EA	4	44	11	44	11
N/A	91SNB08QTTT	086569163745	T/TXL Moira Quilt	EA	2	8	4	8	4

<b>Total Weight:</b>	353.16
<b>Total Quantity Ordered:</b>	98
<b>Total Cartons Ordered:</b>	38
<b>Total Quantity Shipped:</b>	98
<b>Total Cartons Shipped:</b>	38

Date: 9/6/2019 12:45:39 PM

# Bill Of Lading

<b>SHIP FROM</b>		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"/>
<b>SHIP TO</b>		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"/>
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Trailer number: 84683	
Name:	Address:		
City/State/Zip:	Seal number(s): 19863600		
SPECIAL INSTRUCTIONS: Load #: 791290452 Packing List is Attached		SCAC: KNIG	
		Pro Number: N/A	
		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
12499693      Dept#: 211	29	420.20	Y      N	
<b>Grand Total</b>	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 360</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		<b>Grand Total</b>		

<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><b>COD Amount:</b> _____</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><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</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><b>CARRIER SIGNATURE / PICKUP DATE</b>                  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  <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.: 5135300 Order Date: 08/23/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12499693  
 -#00855

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	<b>Shipping Date:</b> 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	21	21	21	21
N/A	KL10-2705	086569171795	K Angelica 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

# Bill Of Lading

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: 06757163000365951  (402)06757163000365951 CARRIER NAME: Knight Transportation Responsible Acct.No: _____ Trailer number: 84683 Seal number(s): 19863600 SCAC: KNIG Pro Number: N/A	
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"/>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid:                      Collect: X                      3rd Party:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> Name: _____ Address: _____ City/State/Zip: _____		SPECIAL INSTRUCTIONS: Load #: 791290452 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
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 360</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 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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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded:      Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.  Appt Time: In: Out: Driver Signature:
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Order No.: 5137285    Order Date: 08/26/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12435830  
 - #00855

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

<b>Total Weight:</b>	<b>3968.8</b>
<b>Total Quantity Ordered:</b>	<b>284</b>
<b>Total Cartons Ordered:</b>	<b>284</b>
<b>Total Quantity Shipped:</b>	<b>284</b>
<b>Total Cartons Shipped:</b>	<b>284</b>

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

# Master Bill Of Lading

Page 1 of 2

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000366682	
Name: <b>E &amp; E COMPANY LTD</b> Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: <b>Schneider</b>	
Name: <b>Kohl's Dist. Center - #00840</b> 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"/>		Trailer number: SNLU196868 Seal number(s): 19863483 SCAC: SCNN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: ME# 791290254		Appointment Time: 1:00 AM Actual Driver Arrival Time: 12:00 PM Driver Departure Time: 2:00 PM	

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		Supplier#	
				BOL#	DC#				
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		
<b>Grand Total</b>		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(e) 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 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 \_\_\_\_\_

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Also mo 9.6.19</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 9-6-19 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>Donald Sims</i>
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Date: 9/6/2019 1:54:53 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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		533	ctns	7139.28		Comforters, Bedspreads	49017	200
22				8401.58		<b>Grand Total</b>		

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

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

COD Amount \$ \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

## Trailer Loaded:

- By Shipper  
 By Driver

## Freight Counted:

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


## CARRIER SIGNATURE / PICKUP DATE

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

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

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00840 Location #: 00840
Address:	221 Hanson Way	Address:	2015 NE Jefferson Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840
SID#:		CID#:	791290254
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000366101		Trailer number: SNLU196868	
		Seal number(s): 19863483	
(402)06757163000366101		SCAC: SCNN	
CARRIER NAME: Schneider		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 #: 791290254		(check box)	
Packing List is Attached			

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 791290254

Packing List is Attached

## CUSTOMER ORDER INFORMATION

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

## CARRIER INFORMATION

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

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

per \_\_\_\_\_

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

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

<b>SHIP FROM:</b>	<b>BILL TO:</b>	<b>SHIP TO:</b>	<b>Shipping Date:</b>
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 - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 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	91SNB08QTFQ	086569163783	F/Q Moira Quilt	EA	2	44	22	44	22
N/A	91SNB08QTKC	086569163806	K/CK Moira Quilt	EA	2	40	20	40	20
N/A	91SNB08QTSH	086569163837	Moira Sham	EA	4	72	18	72	18
N/A	91SNB08QTTT	086569163745	T/TXL Moira 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



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

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	<b>Shipping Date:</b> 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

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000366095	
Name: E & E COMPANY LTD		 (402)06757163000366095	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR: 000074879		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: SNLU196868	
Name: Kohl's Dist. Center - #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#: 791290254			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:		Prepaid:                      Collect: X                      3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 791290254		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Packing List is Attached			

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

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 \_\_\_\_\_"

<b>COD Amount:</b> _____
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.

<b>Trailer Loaded:</b>	<b>Freight Counted:</b>
<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.: 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


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

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000366057	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879      FOB: <input type="checkbox"/>		 (402)06757163000366057	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Kohl's Dist. Center - #00840      Location #: 00840 Address: 2015 NE Jefferson Street Blue Spring (Grain Valley) D.C., City/State/Zip: 00840 Grain Valley, MO 64029 CID#: 791290254      FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: SNLU196868 Seal number(s): 19863483 SCAC: SCNN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 #: 791290254 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		
<b>Grand Total</b>	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 NMFC Item 300</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		<b>Grand Total</b>		

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

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

Order No.: 5135299    Order Date: 08/23/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12499693  
 - #00840

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	<b>Shipping Date:</b> 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	20	20	20	20
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	11	11	11	11

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<b>Total Weight:</b>	454.59
<b>Total Quantity Ordered:</b>	31
<b>Total Cartons Ordered:</b>	31
<b>Total Quantity Shipped:</b>	31
<b>Total Cartons Shipped:</b>	31

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

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000366071
Name: E & E COMPANY LTD		 (402)06757163000366071
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		<b>CARRIER NAME:</b> Schneider
SID#:		Responsible Acct.No:
PHONE:		Trailer number: SNLU196868
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 19863483
<b>SHIP TO</b>		<b>SCAC:</b> SCNN
Name: Kohl's Dist. Center - #00840	Location #: 00840	Pro Number:
Address: 2015 NE Jefferson Street		
Blue Spring (Grain Valley) D.C.,		
City/State/Zip: 00840		
Grain Valley, MO 64029		
CID#: 791290254	FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		Prepaid: Collect: X 3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
SPECIAL INSTRUCTIONS: Load #: 791290254		(check box)
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		
<b>Grand Total</b>	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		<b>Grand Total</b>		

<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><b>COD Amount:</b> _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</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><b>CARRIER SIGNATURE / PICKUP DATE</b>                  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.                  Property described above is received in good order, except as noted.</p> <p>Appt Time:                  In:                  Out:                  Driver Signature:</p>	

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

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	<b>Shipping Date:</b> 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

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<b>Total Weight:</b>	9.17
<b>Total Quantity Ordered:</b>	24
<b>Total Cartons Ordered:</b>	1
<b>Total Quantity Shipped:</b>	24
<b>Total Cartons Shipped:</b>	1

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

# Bill Of Lading

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD	Address: 221 Hanson Way	Name: Kohl's Dist. Center - #00840	Location #: 00840
City/State/Zip: Woodland, CA 95776	SID#:	Address: 2015 NE Jefferson Street	Blue Spring (Grain Valley) D.C., 00840
PHONE:	VENDOR: 000074879	City/State/Zip: Grain Valley, MO 64029	CID#: 791290254
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>

Bill of Lading Number: 06757163000366118



(402)06757163000366118

CARRIER NAME: Schneider  
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	
12530207	Dept#: 115	12	153.13	Y	N
<b>Grand Total</b>		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(e) of NMFC Item 360</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		<b>Grand Total</b>		

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

COD Amount: \_\_\_\_\_  
Fee Terms: Collect:  Prepaid:   
Customer check acceptable:

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

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

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

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

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

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

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	<b>Shipping Date:</b> 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 (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	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 11:00:44 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: **06757163000366637**

**SHIP TO**  
 Name: **Kohl's Dist. Center - #00865** DC#: **00865**  
 Div. \_\_\_\_\_  
 Address: **Mamakating (Wurtsboro) D.C.**  
**3440 State Route 209, 00865**  
 City/State/Zip: **Wurtsboro, NY 12790**  
 SID#: \_\_\_\_\_ FOB:

**CARRIER NAME:** **Hub Group**  
 Trailer number: **HGIU501892**  
 Seal number(s): **19863591**  
**SCAC:** **HUBG**  
 Pro Number: **N/A**

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
**SPECIAL INSTRUCTIONS:**  
**ME# 791294737**

**Freight Charge Terms:**  
 Prepaid:  Collect:  3rd Party:   
 **MASTER BILL OF LANDING: WITH ATTACHED**  
 **UNDERLYING BILLS OF LANDING**  
 Appointment Time **11:00** AM PM Actual Driver Arrival Time **10:30** AM PM Driver Departure Time **11:10** AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	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
<b>Grand Total</b>		<b>174</b>	<b>2382.17</b>				

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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	
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		<b>Grand Total</b>			

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

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

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

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

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


**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  
*Also mo 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 U 9-6-19*

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

# Bill Of Lading

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: 06757163000365890  (402)06757163000365890 CARRIER NAME: Hub Group Responsible Acct.No: _____ Trailer number: HGIU501892 Seal number(s): 19863591 SCAC: HUBG Pro Number: N/A		
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: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid:                      Collect: X                      3rd Party:		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> Name: _____ Address: _____ City/State/Zip: _____	<input type="checkbox"/> Master Bill of Lading: with attached (check box)      underlying Bills of Lading		
<b>SPECIAL INSTRUCTIONS:</b> Load #: 791294737 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		
<b>Grand Total</b>	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 369</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		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms:      Collect: <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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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded:      Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.  Appt Time: In: Out: Driver Signature:
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Order No.: 5133602    Order Date: 08/21/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12531708  
 -#00865


<b>SHIP FROM:</b>	<b>BILL TO:</b>	<b>SHIP TO:</b>	<b>Shipping Date:</b>
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 - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 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	KL71-2737	086569213747	Lyla (Stripe) Hand Towel	EA	24	24	1	24	1

<b>Total Weight:</b>	9.17
<b>Total Quantity Ordered:</b>	24
<b>Total Cartons Ordered:</b>	1
<b>Total Quantity Shipped:</b>	24
<b>Total Cartons Shipped:</b>	1

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

# Bill Of Lading

<b>SHIP FROM</b>		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:	
<b>SHIP TO</b>		Trailer number: HGIU501892	
Name: Kohl's Dist. Center - #00865		Seal number(s): 19863591	
Address: Mamakating (Wurtsboro) D.C.		SCAC: HUBG	
3440 State Route 209, 00865		Pro Number: N/A	
City/State/Zip: Wurtsboro, NY 12790			
CID#: 791294737			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: Collect: X 3rd Party:	
Load #: 791294737		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12499693 Dept#: 211	47	685.51	Y N	
<b>Grand Total</b>	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 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		
		47	ctns	685.51		Comforters, Bedspreads	49017	200
2		47		785.51		<b>Grand Total</b>		

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

**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
--	---

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  <i>Property 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.: 12499693  
 - #00865

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	<b>Shipping Date:</b> 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	32	32	32	32
N/A	KL10-2705	086569171795	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: 9/6/2019 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"/>
Bill of Lading Number: 06757163000365906		Trailer number: HGIU501892	
		Seal number(s): 19863591	
(402)06757163000365906		SCAC: HUBG	
CARRIER NAME: Hub Group		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 #: 791294737 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
12530207 Dept#: 115	28	334.18	Y N	
<b>Grand Total</b>	<b>28</b>	<b>334.18</b>		

## 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	227.56		Pillows,Valance,Towels	49390	100
		14	ctns	106.62		Shower curtain	49385	77.5
1		28		384.18		<b>Grand Total</b>		

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

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

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

## Trailer Loaded:

By Shipper  
 By Driver

## Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:  
In:  
Out:  
Driver Signature:

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

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

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"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		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			

Bill of Lading Number: 06757163000365876



(402)06757163000365876

CARRIER NAME: Hub Group

Responsible Acct.No:

Trailer number: HGIU501892

Seal number(s): 19863591

SCAC: HUBG

Pro Number: N/A

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471283 Dept#: 211	98	1353.31	Y N	
<b>Grand Total</b>	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 366</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		<b>Grand Total</b>		

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

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

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

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

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	<b>Shipping Date:</b> 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	65	65	65	65
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	33	33	33	33

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<b>Total Weight:</b>	1353.31
<b>Total Quantity Ordered:</b>	98
<b>Total Cartons Ordered:</b>	98
<b>Total Quantity Shipped:</b>	98
<b>Total Cartons Shipped:</b>	98

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

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000366538	
Name: <b>E &amp; E COMPANY LTD</b> Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		<b>CARRIER NAME: Alliance Shippers</b>	
Name: <b>Kohl's Dist. Center - #00890</b> DC#: 00890 Div. _____ Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: EMHU644768 Seal number(s): 19863482 SCAC: ANSH Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> ME# 791290231		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time: 8:00 AM PM Actual Driver Arrival Time: 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#	ADDITIONAL SHIPPER INFO DC#	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	
<b>Grand Total</b>		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 300</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 stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Also m09619</i>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>09/06</i>
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Date: 9/6/2019 10:49:11 AM

## Master Bill Of Lading

Page 2 of 2

<b>SHIP FROM</b>				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"/>									
<b>SHIP TO</b>				CARRIER NAME: Alliance Shippers					
Name: Kohl's Dist. Center - #00890				DC#: 00890					
				Div. _____					
Address: 4300 MBL Drive				Trailer number: EMHU644768					
Ottawa D.C., 00890				Seal number(s): 19863482					
City/State/Zip: Ottawa, IL 61350				SCAC: ANSH					
SID#: _____ FOB: <input type="checkbox"/>				Pro Number: _____					
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				Freight Charge Terms:					
Name: _____				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>					
Address: _____				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED					
City/State/Zip: _____				(check box) UNDERLYING BILLS OF LANDING					
SPECIAL INSTRUCTIONS:				Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
ME# 791290231				AM PM		AM PM		AM PM	
<b>CARRIER INFORMATION</b>									
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	
		754	ctns	9984.31		Comforters, Bedspreads	49017	200	
29				11729.49		Grand Total			

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

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

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

COD Amount \$ \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

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

**SHIPPER SIGNATURE / DATE**

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:


 By Shipper By Driver/pallets said to contain By Driver/Pieces**CARRIER SIGNATURE / PICKUP DATE**

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

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: 06757163000365562		Trailer number: EMHU644768	
		Seal number(s): 19863482	
(402)06757163000365562		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:		<input type="checkbox"/> 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	
<b>Grand Total</b>	<b>94</b>	<b>887.41</b>		

## 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		<b>Grand Total</b>		

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

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

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	<b>Shipping Date:</b> 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	60	30	60	30
N/A	91SNB08QTKC	086569163806	K/CK Moira Quilt	EA	2	48	24	48	24
N/A	91SNB08QTSH	086569163837	Moira Sham	EA	4	92	23	92	23
N/A	91SNB08QTTT	086569163745	T/TXL Moira 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 10:48:41 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		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	
<b>SHIP TO</b>		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	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: ANSH	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____      Collect: X      3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 791290231 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	85	1179.47	Y      N		
<b>Grand Total</b>	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 360</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		<b>Grand Total</b>		

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.: 5135296    Order Date: 08/23/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12471283  
 - #00890

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	<b>Shipping Date:</b> 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	49	49	49	49
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	36	36	36	36


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<b>Total Weight:</b>	<b>1179.47</b>
<b>Total Quantity Ordered:</b>	<b>85</b>
<b>Total Cartons Ordered:</b>	<b>85</b>
<b>Total Quantity Shipped:</b>	<b>85</b>
<b>Total Cartons Shipped:</b>	<b>85</b>

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	 (402)06757163000365531	CARRIER NAME: Alliance Shippers
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:
SHIP TO		Trailer number: EMHU644768	Seal number(s): 19863482
Name:	Kohl's Dist. Center - #00890	Location #: 00890	SCAC: ANSH
Address:	4300 MBL Drive	Ottawa D.C., 00890	Pro Number:
City/State/Zip:	Ottawa, IL 61350		
CID#:	791290231	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Load #: 791290231	Prepaid:                      Collect: <b>X</b> 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
12471283	Dept#: 211	85	1179.47	Y	N	
<b>Grand Total</b>		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 360</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		<b>Grand Total</b>		

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

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

Fee Terms:                      Collect:                       Prepaid:

Customer check acceptable:

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

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

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


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

<b>SHIPPER SIGNATURE / DATE</b> <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>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>  <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

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

# Bill Of Lading

Page 1 of 1

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

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

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

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

Order No.: 5137303 Order Date: 08/26/2019 Customer: KOHL'S DIST. CENTER Customer PO 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



<b>SHIP FROM</b>		Bill of Lading Number: 06757163000365548	
Name: E & E COMPANY LTD		 (402)06757163000365548	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: EMHU644768	
VENDOR: 000074879		Seal number(s): 19863482	
FOB: <input type="checkbox"/>		SCAC: ANSH	
<b>SHIP TO</b>		Pro Number:	
Name: Kohl's Dist. Center - #00890		Location #: 00890	
Address: 4300 MBL Drive		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Ottawa D.C., 00890		Prepaid: Collect: X 3rd Party:	
CID#: 791290231		FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<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
12499693 Dept#: 211	35	516.74	Y N	
<b>Grand Total</b>	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(e) 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		<b>Grand Total</b>		

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

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

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

<b>SHIP FROM:</b>	<b>BILL TO:</b>	<b>SHIP TO:</b>	<b>Shipping Date:</b>
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 - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 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	KL10-2704	086569171771	Q Angelica Comforter Set	EA	1	21	21	21	21
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	14	14	14	14

<b>Total Weight:</b>	<b>516.74</b>
<b>Total Quantity Ordered:</b>	<b>35</b>
<b>Total Cartons Ordered:</b>	<b>35</b>
<b>Total Quantity Shipped:</b>	<b>35</b>
<b>Total Cartons Shipped:</b>	<b>35</b>

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 Ottawa D.C., 00890
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Ottawa, IL 61350
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: Load #: 791290231 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	35	516.74	Y N	
<b>Grand Total</b>	<b>35</b>	<b>516.74</b>		

## 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		<b>Grand Total</b>		

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

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

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

Fee Terms: Collect:  Prepaid:   
Customer check acceptable:

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the 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

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000365555	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879		 (402)06757163000365555	
<b>SHIP TO</b>		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		Responsible Acct.No: _____ Trailer number: EMHU644768 Seal number(s): 19863482	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: ANSH	
Name: _____ Address: _____  City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 791290231  Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid: _____      Collect: <input checked="" type="checkbox"/> 3rd Party: _____  <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

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

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
						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 #	CLASS
QTY	TYPE	QTY	TYPE					
15	Pallet			750.00		Pallet		
		407	ctns	5665.53		Comforters, Bedspreads	49017	200
15		407		6415.53		<b>Grand Total</b>		

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

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

**Fee Terms:**      Collect:       Prepaid:

Customer check acceptable:

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

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

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

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


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

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	<b>Shipping Date:</b> 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	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

<b>Total Weight:</b>	5665.53
<b>Total Quantity Ordered:</b>	407
<b>Total Cartons Ordered:</b>	407
<b>Total Quantity Shipped:</b>	407
<b>Total Cartons Shipped:</b>	407

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000365555	
Name: E & E COMPANY LTD		 (402)06757163000365555	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: EMHU644768	
VENDOR: 000074879		Seal number(s): 19863482	
<b>SHIP TO</b>		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)	
Ottawa D.C., 00890			
City/State/Zip: Ottawa, IL 61350		Prepaid: Collect: X 3rd Party:	
CID#: 791290231		<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
12435830 Dept#: 211	407	5665.53	Y N	
<b>Grand Total</b>	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(a) 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		<b>Grand Total</b>		

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

**COD Amount:** \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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


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

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

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

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

# Bill Of Lading

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12470943      Dept#: 211	133	1735.16	Y      N		
<b>Grand Total</b>	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 360</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		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount:</b> _____ Fee Terms:      Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded:      Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.  Appt Time: _____ In: _____ Out: _____ Driver Signature: _____

Order No.: 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

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	91	91	91	91
N/A	KL10-2525	086569028679	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

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000365524	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879		 (402)06757163000365524	
Name: Kohl's Dist. Center - #00890      Location #: 00890 Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 CID#: 791290231		CARRIER NAME: Alliance Shippers Responsible Acct.No: _____ Trailer number: EMHU644768 Seal number(s): 19863482 SCAC: ANSH Pro Number: _____	
<b>SHIP TO</b>			
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____      Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 791290231 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12470943      Dept#: 211	133	1735.16	Y      N	
<b>Grand Total</b>	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 360</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		<b>Grand Total</b>		

<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><b>COD Amount:</b> _____  <b>Fee Terms:</b>      Collect: <input type="checkbox"/>      Prepaid: <input type="checkbox"/>                  Customer check acceptable: <input type="checkbox"/></p>
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</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><b>CARRIER SIGNATURE / PICKUP DATE</b>                  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  <i>Property described above is received in good order, except as noted.</i></p> <p>Appt Time: _____                  In: _____                  Out: _____                  Driver Signature: _____</p>

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

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000366613	
Name: <b>E &amp; E COMPANY LTD</b> Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		<b>CARRIER NAME: Alliance Shippers</b>	
Name: <b>Koh's Dist. Center - #00875</b> 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	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time Actual Driver Arrival Time Driver Departure Time 9:00 AM 8:10 AM 10:00 AM	
ME# 791290241			

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		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	
<b>Grand Total</b>		765	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 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
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 stated specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount \$</b> _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. 9-6-19	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. 9-6-19
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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		Trailer number: EMHU-653446	
Macon D.C., 00875		Seal number(s): 19863438	
City/State/Zip: Macon, GA 31216		SCAC: ANSH	
SID#: _____ FOB: <input type="checkbox"/>		Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip: _____			
SPECIAL INSTRUCTIONS: ME# 791290241		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	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: <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.


<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
--	--

**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		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00875 Location #: 00875
Address:	221 Hanson Way	Address:	3030 Airport Road East
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Macon D.C., 00875
SID#:		CID#:	791290241
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000365838		Trailer number: EMHU-653446	
		Seal number(s): 19863438	
(402)06757163000365838		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:		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 791290241 Packing List is Attached		<input type="checkbox"/> (check box)	

## CUSTOMER ORDER INFORMATION

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

## CARRIER INFORMATION

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

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

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

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 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


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

Date: 9/6/2019 9:45:55 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: 06757163000365784  (402)06757163000365784 CARRIER NAME: Alliance Shippers Responsible Acct.No: _____ Trailer number: EMHU-653446 Seal number(s): 19863438 SCAC: ANSH Pro Number: N/A		
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"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____      Collect: <input checked="" type="checkbox"/> 3rd Party: _____		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> Name: _____ Address: _____ City/State/Zip: _____	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
<b>SPECIAL INSTRUCTIONS:</b> Load #: 791290241 Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12470943      Dept#: 211	184	2411.14	Y      N		
<b>Grand Total</b>	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 360</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		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <div style="text-align: right;">                     _____                      Shipper Signature                 </div>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded:      Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.  Appt Time: In: Out: Driver Signature:
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Order No.: 5135285    Order Date: 08/23/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12470943  
 - #00875

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	<b>Shipping Date:</b> 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	119	119	119	119
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	65	65	65	65


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<b>Total Weight:</b>	2411.14
<b>Total Quantity Ordered:</b>	184
<b>Total Cartons Ordered:</b>	184
<b>Total Quantity Shipped:</b>	184
<b>Total Cartons Shipped:</b>	184

Date: 9/6/2019 9:30:41 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000365807	
Name: E & E COMPANY LTD		 (402)06757163000365807	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Alliance Shippers	
VENDOR: 000074879		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: EMHU-653446	
Name: Kohl's Dist. Center - #00875      Location #: 00875		Seal number(s): 19863438	
Address: 3030 Airport Road East		SCAC: ANSH Pro Number: N/A	
Macon D.C., 00875			
City/State/Zip: Macon, GA 31216			
CID#: 791290241      FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 #: 791290241  Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12499693      Dep#: 211	32	470.68	Y      N		
<b>Grand Total</b>	32	470.68			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		32	ctns	470.68		Comforters, Bedspreads	49017	200
2		32		570.68		<b>Grand Total</b>		

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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

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

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


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<b>Total Weight:</b>	<b>470.68</b>
<b>Total Quantity Ordered:</b>	<b>32</b>
<b>Total Cartons Ordered:</b>	<b>32</b>
<b>Total Quantity Shipped:</b>	<b>32</b>
<b>Total Cartons Shipped:</b>	<b>32</b>

Date: 9/6/2019 9:31:35 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
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Macon D.C., 00875
SID#:		CID#:	791290241
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000365821		Trailer number: EMHU-653446	
		Seal number(s): 19863438	
(402)06757163000365821		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid:                      Collect: X                      3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 791290241			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12420138      Dept#: 611	14	138.36	Y      N		
<b>Grand Total</b>	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(e) of NMFC Item 360</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		<b>Grand Total</b>		

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

per \_\_\_\_\_

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

Fee Terms:              Collect:               Prepaid: Customer check acceptable: 

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

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

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

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<b>Total Weight:</b>	138.36
<b>Total Quantity Ordered:</b>	34
<b>Total Cartons Ordered:</b>	14
<b>Total Quantity Shipped:</b>	34
<b>Total Cartons Shipped:</b>	14



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

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	<b>Shipping Date:</b> 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	43	43	43	43
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	32	32	32	32


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<b>Total Weight:</b>	<b>1040.89</b>
<b>Total Quantity Ordered:</b>	<b>75</b>
<b>Total Cartons Ordered:</b>	<b>75</b>
<b>Total Quantity Shipped:</b>	<b>75</b>
<b>Total Cartons Shipped:</b>	<b>75</b>

Date: 9/6/2019 9:23:23 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: 06757163000365814		Trailer number: EMHU-653446	
		Seal number(s): 19863438	
(402)06757163000365814		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		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 #: 791290241 Packing List is Attached			

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO			
12435830 Dept#: 211	459	6437.86	Y	N				
<b>Grand Total</b>	<b>459</b>	<b>6437.86</b>						
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
18	Pallet			900.00		Pallet		
		459	ctns	6437.86		Comforters, Bedspreads	49017	200
18		459		7337.86		<b>Grand Total</b>		

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

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

per \_\_\_\_\_

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

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

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

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

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

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

<b>Total Weight:</b>	6437.86
<b>Total Quantity Ordered:</b>	459
<b>Total Cartons Ordered:</b>	459
<b>Total Quantity Shipped:</b>	459
<b>Total Cartons Shipped:</b>	459

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

# Master Bill Of Lading

<b>SHIP FROM</b>		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"/>

<b>SHIP TO</b>		<b>CARRIER NAME:</b> 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:
		FOB: <input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
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	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
ME# 791290235		8:00 AM	7:15 PM
		Driver Departure Time	8:40 AM

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	DC#	Supplier#
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	353.16	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	
<b>Grand Total</b>		711	9584.45					

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
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 stated specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

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

**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.

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Ally mo9619</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 9/6/19
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Date: 9/6/2019 8:31:30 AM

# Master Bill Of Lading

<b>SHIP FROM</b>				Master Bill of Lading Number: 06757163000366545					
Name: E & E COMPANY LTD				CARRIER NAME: Hub Group					
Address: 221 Hanson Way									
City/State/Zip: Woodland, CA 95776									
SID#: _____ FOB: <input type="checkbox"/>				Trailer number: HGIU 637359					
<b>SHIP TO</b>				Seal number(s): 19863498					
Name: Kohl's Dist. Center - #00830				DC#: 00830					
Address: 300 Admiral Byrd Drive				Div. _____					
City/State/Zip: Winchester, VA 22602				SCAC: HUBG					
SID#: _____ FOB: <input type="checkbox"/>				Pro Number: _____					
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				Freight Charge Terms:					
Name: _____				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>					
Address: _____				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING					
City/State/Zip: _____									
SPECIAL INSTRUCTIONS: ME# 791290235				Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
				AM PM		AM PM		AM PM	
<b>CARRIER INFORMATION</b>									
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
		12	ctns	192.69		Pillows, Valance, Towels	49390	100	
		690	ctns	9323.03		Comforters, Bedspreads	49017	200	
29				11034.45		<b>Grand Total</b>			

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

**COD Amount \$** \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

**Shipper Signature**

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

Trailer Loaded:  By Shipper  
 By Driver


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

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

Date: 9/6/2019 8:27:44 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000365678	
Name: E & E COMPANY LTD		 (402)06757163000365678	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Hub Group	
VENDOR: 000074879		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: HGIU 637359	
Name: Kohl's Dist. Center - #00830      Location #: 00830		Seal number(s): 19863498	
Address: 300 Admiral Byrd Drive		SCAC: HUBG	
City/State/Zip: Winchester D. C., 00830		Pro Number:	
CID#: 791290235			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid:                      Collect: <b>X</b> 3rd Party:	
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	
12530207      Dept#: 115	19	243.08	Y      N		
<b>Grand Total</b>	19	243.08			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	174.35		Pillows,Valance,Towels	49390	100
		9	ctns	68.73		Shower curtain	49385	77.5
1		19		293.08		<b>Grand Total</b>		

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

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

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	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	8	1	8	1
N/A	KL70-2730	086569192691	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

Date: 9/6/2019 8:26:04 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000365661
Name: E & E COMPANY LTD		 (402)06757163000365661
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:
<b>SHIP TO</b>		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		SCAC: HUBG
CID#: 791290235	FOB: <input type="checkbox"/>	Pro Number:
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		
City/State/Zip:		Prepaid:                      Collect: X                      3rd Party:
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
12420138      Dept#: 611	38	353.16	Y	N	
<b>Grand Total</b>	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 360</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		<b>Grand Total</b>		

<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><b>COD Amount:</b> _____</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><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</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><b>CARRIER SIGNATURE / PICKUP DATE</b>                  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  <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.: 5135351    Order Date: 08/23/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12420138  
 - #00830

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	<b>Shipping Date:</b> 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	26	13	26	13
N/A	91SNB08QTKC	086569163806	K/CK Moira Quilt	EA	2	18	9	18	9
N/A	91SNB08QTSH	086569163837	Moira Sham	EA	4	40	10	40	10
N/A	91SNB08QTTT	086569163745	T/TXL Moira Quilt	EA	2	12	6	12	6


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<b>Total Weight:</b>	<b>353.16</b>
<b>Total Quantity Ordered:</b>	<b>96</b>
<b>Total Cartons Ordered:</b>	<b>38</b>
<b>Total Quantity Shipped:</b>	<b>96</b>
<b>Total Cartons Shipped:</b>	<b>38</b>

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

# Bill Of Lading

Page 1 of 1

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12531708 Dept#: 115	2	18.34	Y N	
<b>Grand Total</b>	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 360</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		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <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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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
		Appt Time: In: Out: Driver Signature:

Order No.: 5133599 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 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	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

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000365616	
Name:	E & E COMPANY LTD	 (402)06757163000365616	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		CARRIER NAME: Hub Group	
Name:	Kohl's Dist. Center - #00830	Location #:	00830
Address:	300 Admiral Byrd Drive		
City/State/Zip:	Winchester D. C., 00830		
CID#:	791290235	FOB:	<input type="checkbox"/>
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Trailer number: HGIU 637359	
Name:	Address:		
City/State/Zip:	Seal number(s): 19863498		
SPECIAL INSTRUCTIONS:		SCAC: HUBG	
Load #: 791290235		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
12471283      Dept#: 211	53	732.01	Y	N	
<b>Grand Total</b>	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 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		
		53	ctns	732.01		Comforters, Bedspreads	49017	200
2		53		832.01		<b>Grand Total</b>		

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

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	<b>Shipping Date:</b> 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	35	35	35	35
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	18	18	18	18


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Total Weight:	732.01
Total Quantity Ordered:	53
Total Cartons Ordered:	53
Total Quantity Shipped:	53
Total Cartons Shipped:	53

Date: 9/6/2019 8:13:17 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000365609	
Name: E & E COMPANY LTD		 (402)06757163000365609	
Address: 221 Hanson Way		CARRIER NAME: Hub Group	
City/State/Zip: Woodland, CA 95776		Responsible Acct.No:	
SID#:		Trailer number: HGIU 637359	
PHONE:		Seal number(s): 19863498	
VENDOR: 000074879	FOB: <input type="checkbox"/>	SCAC: HUBG	
SHIP TO		Pro Number:	
Name: Kohl's Dist. Center - #00830	Location #: 00830		
Address: 300 Admiral Byrd Drive			
City/State/Zip: Winchester D. C., 00830			
City/State/Zip: Winchester, VA 22602			
CID#: 791290235	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 (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 791290235 Packing List is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12470943 Dept#: 211		143	1873.08	Y	N	
<b>Grand Total</b>		143	1873.08			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		143	ctns	1873.08		Comforters, Bedspreads	49017	200
6		143		2173.08		<b>Grand Total</b>		

<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><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b> 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><b>SHIPPER SIGNATURE / DATE</b>                      This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</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><b>CARRIER SIGNATURE / PICKUP DATE</b>                      Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.                      Property described above is received in good order, except as noted.</p> <p>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 5135280    Order Date: 08/23/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12470943  
 - #00830

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	<b>Shipping Date:</b> 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

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<b>Total Weight:</b>	1873.08
<b>Total Quantity Ordered:</b>	143
<b>Total Cartons Ordered:</b>	143
<b>Total Quantity Shipped:</b>	143
<b>Total Cartons Shipped:</b>	143



Order No.: 5135298    Order Date: 08/23/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12499693  
 -#00830

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	<b>Shipping Date:</b> 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

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<b>Total Weight:</b>	<b>394.65</b>
<b>Total Quantity Ordered:</b>	<b>27</b>
<b>Total Cartons Ordered:</b>	<b>27</b>
<b>Total Quantity Shipped:</b>	<b>27</b>
<b>Total Cartons Shipped:</b>	<b>27</b>



Order No.: 5137283    Order Date: 08/26/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12435830  
 - #00830

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	<b>Shipping Date:</b> 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

<b>Total Weight:</b>	5970.13
<b>Total Quantity Ordered:</b>	429
<b>Total Cartons Ordered:</b>	429
<b>Total Quantity Shipped:</b>	429
<b>Total Cartons Shipped:</b>	429