

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000374274
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: 83090
	San Bernardino D.C., 00855	Seal number(s): 19863407
City/State/Zip:	San Bernardino, CA 92408-1614	SCAC: KNIG
SID#:		Pro Number: N/A
		FOB: <input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
ME# 791726751		Appointment Time	Actual Driver Arrival Time
		12:00 AM	12:00 AM
			Driver Departure Time
			1:00 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12471287	Dept#: 211	120	1099.85	Y	N	06757163000370399	00855
12471315	Dept#: 211	63	930.34	Y	N	06757163000370252	00855
12470953	Dept#: 211	285	3725.02	Y	N	06757163000370177	00855
12435833	Dept#: 211	264	2849.48	Y	N	06757163000370306	00855
<b>Grand Total</b>		732	8604.69				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or storing 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
30	Pallet			1500.00		Pallet		70
		732	ctns	8604.69		Comforters, Bedspreads	49017	200
30				10104.69		<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 _____	COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE <i>[Signature]</i> 09-24-19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE <i>[Signature]</i> 9-24-19
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Date: 9/24/2019 12:46:40 PM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000370399	
Name: E & E COMPANY LTD		 (402)06757163000370399	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 83090	
VENDOR: 000074879		Seal number(s): 19863407	
<b>SHIP TO</b>		SCAC: KNIG	
Name: Kohl's Dist. Center - #00855      Location #: 00855		Pro Number: N/A	
Address: 890 East Mill Street			
San Bernardino D.C., 00855			
City/State/Zip: San Bernardino, CA 92408-1614			
CID#: 791726751			
<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 (check box)                      underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 791726751			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET	SLIP	ADDITIONAL SHIPPER INFO
12471287      Dept#: 211	120	1099.85	Y	N	
<b>Grand Total</b>	120	1099.85			

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
5	Pallet			250.00		Pallet		
		120	ctns	1099.85		Comforters, Bedspreads	49017	200
5		120		1349.85		<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: <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: <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.: 5159802 Order Date: 09/09/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471287  
- #00855

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

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

**SHIP TO:**  
KOHL'S DIST. CENTER - #00855  
890 EAST MILL STREET  
SAN BERNARDINO D.C.  
SAN BERNARDINO, CA 92408-  
1614  
US

**Shipping Date:**  
09/24/2019


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	31	31	31	31
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	33	33	33	33
N/A	KL10-2839	086569271846	Q Buffalo Check Comforter Set	EA	1	39	39	39	39
N/A	KL10-2840	086569271853	K Buffalo Check Comforter Set	EA	1	17	17	17	17

Total Weight: 1099.85  
Total Quantity Ordered: 120  
Total Cartons Ordered: 120  
Total Quantity Shipped: 120  
Total Cartons Shipped: 120

Date: 9/24/2019 12:46:40 PM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000370399	
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000370399	
City/State/Zip: Woodland, CA 95776	SID#:		
PHONE:	VENDOR: 000074879		
Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation Responsible Acct.No: Trailer number: 83090 Seal number(s): 19863407	
SHIP TO		SCAC: KNIG	
Name: Kohl's Dist. Center - #00855	Location #: 00855	Pro Number: N/A	
Address: 890 East Mill Street	San Bernardino D.C., 00855		
City/State/Zip: San Bernardino, CA 92408-1614	CID#: 791726751		
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 #: 791726751  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	# PKG	WEIGHT	PALLET	SLIP	ADDITIONAL SHIPPER INFO
12471287	Dept#: 211	120	1099.85	Y	N
<b>Grand Total</b>		120	1099.85		

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
5	Pallet			250.00		Pallet		
		120	ctns	1099.85		Comforters, Bedspreads	49017	200
5		120		1349.85		<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: <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: <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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Date: 9/24/2019 12:46:43 PM

# Bill Of Lading

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

Bill of Lading Number: 06757163000370177  
  
 (402)06757163000370177

**SHIP TO**  
 Name: Kohl's Dist. Center - #00855      Location #: 00855  
 Address: 890 East Mill Street  
           San Bernardino D.C., 00855  
 City/State/Zip: San Bernardino, CA 92408-1614  
 CID#: 791726751      FOB:

CARRIER NAME: Knight Transportation  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 83090  
 Seal number(s): 19863407

SCAC: KNIG  
 Pro Number: N/A

**THIRD PARTY FREIGHT CHARGE 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 #: 791726751  
 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
12470953      Dept#: 211	285	3725.02	Y      N	
<b>Grand Total</b>	285	3725.02		

**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
12	Pallet			600.0		Pallet		
		285	ctns	3725.02		Comforters, Bedspreads	49017	200
12		285		4325.02		<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.: 5157923 Order Date: 09/07/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470953  
- #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> 09/24/2019
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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	118	118	118	118
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	61	61	61	61
N/A	KL10-2841	086569271891	Q Luciana 7pcs Comforter Set	EA	1	67	67	67	67
N/A	KL10-2842	086569271907	K Luciana 7pcs Comforter Set	EA	1	39	39	39	39

<b>Total Weight:</b>	3725.02
<b>Total Quantity Ordered:</b>	285
<b>Total Cartons Ordered:</b>	285
<b>Total Quantity Shipped:</b>	285
<b>Total Cartons Shipped:</b>	285

Date: 9/24/2019 12:46:43 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#:					City/State/Zip: San Bernardino, CA 92408-1614				
PHONE:					CID#: 791726751      FOB: <input type="checkbox"/>				
VENDOR: 000074879      FOB: <input type="checkbox"/>					THIRD PARTY FREIGHT CHARGES BILL TO:				
					Name:				
					Address:				
					City/State/Zip:				
SPECIAL INSTRUCTIONS: Load #: 791726751 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			
12470953      Dept#: 211			285	3725.02	Y      N				
<b>Grand Total</b>			<b>285</b>	<b>3725.02</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	
12	Pallet			600.00		Pallet			
		285	ctns	3725.02		Comforters, Bedspreads	49017	200	
12		285		4325.02		<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 any 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: \_\_\_\_\_

Date: 9/24/2019 12:46:48 PM

# Bill Of Lading

**SHIP FROM**

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

Bill of Lading Number: 06757163000370252



(402)06757163000370252

**SHIP TO**

Name: Kohl's Dist. Center - #00855      Location #: 00855  
 Address: 890 East Mill Street  
 San Bernardino D.C., 00855  
 City/State/Zip: San Bernardino, CA 92408-1614  
 CID#: 791726751      FOB:

CARRIER NAME: Knight Transportation  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 83090  
 Seal number(s): 19863407

SCAC: KNIG  
 Pro Number: N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid: \_\_\_\_\_      Collect: X      3rd Party: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
 Load #: 791726751  
 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	
12471315      Dept#: 211	63	930.34	Y      N		
<b>Grand Total</b>	<b>63</b>	<b>930.34</b>			

CARRIER INFORMATION						PACKAGE		
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
3	Pallet			150.00		Pallet		
		63	ctns	930.34		Comforters, Bedspreads	49017	200
3		63		1080.34		<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:       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.: 5157933 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471315  
- #00855

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

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

**SHIP TO:**  
KOHL'S DIST. CENTER - #00855  
890 EAST MILL STREET  
SAN BERNARDINO D.C.  
SAN BERNARDINO, CA 92408-  
1614  
US

**Shipping Date:**  
09/24/2019

Case	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	22	22	22	22
N/A		KL10-2705	086569171795	K Angelica Comforter Set	EA	1	17	17	17	17
N/A		KL10-2847	086569276988	Q Christella Comforter Set	EA	1	17	17	17	17
N/A		KL10-2848	086569276995	K Christella Comforter Set	EA	1	7	7	7	7

Total Weight: 930.34  
Total Quantity Ordered: 63  
Total Cartons Ordered: 63  
Total Quantity Shipped: 63  
Total Cartons Shipped: 63

Date: 9/24/2019 12:46:48 PM

# Bill Of Lading

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

Bill of Lading Number: 06757163000370252  
  
 (402)06757163000370252

**SHIP TO**  
 Name: Kohl's Dist. Center - #00855      Location #: 00855  
 Address: 890 East Mill Street  
 San Bernardino D.C., 00855  
 City/State/Zip: San Bernardino, CA 92408-1614  
 CID#: 791726751      FOB:

**CARRIER NAME:** Knight Transportation  
 Responsible Acct.No:  
 Trailer number: 83090  
 Seal number(s): 19863407  
**SCAC:** KNIG  
**Pro Number:** N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:  
**SPECIAL INSTRUCTIONS:**  
 Load #: 791726751  
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12471315      Dept#: 211	63	930.34	Y	N	
<b>Grand Total</b>	<b>63</b>	<b>930.34</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
3	Pallet			150.00		Pallet		
		63	ctns	930.34		Comforters, Bedspreads	49017	200
3		63		1080.34		<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:

Date: 9/24/2019 12:46:53 PM

# Bill Of Lading

Page 1 of 1

**SHIP FROM**

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

Bill of Lading Number: 06757163000370306



(402)06757163000370306

**SHIP TO**

Name: Kohl's Dist. Center - #00855      Location #: 00855  
 Address: 890 East Mill Street  
 San Bernardino D.C., 00855  
 City/State/Zip: San Bernardino, CA 92408-1614  
 CID#: 791726751      FOB:

CARRIER NAME: Knight Transportation  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 83090  
 Seal number(s): 19863407  
 SCAC: KNIG  
 Pro Number: N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid:                      Collect: X                      3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 791726751  
 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
12435833      Dept#: 211	264	2849.48	Y	N	
<b>Grand Total</b>	<b>264</b>	<b>2849.48</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
10	Pallet			500.00		Pallet		
		264	ctns	2849.48		Comforters, Bedspreads	49017	200
10		264		3349.48		<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 \_\_\_\_\_

<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.: 5157914 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435833  
 - #00855

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

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

**SHIP TO:**  
 KOHL'S DIST. CENTER - #00855  
 890 EAST MILL STREET  
 SAN BERNARDINO D.C.  
 SAN BERNARDINO, CA 92408-  
 1614  
 US

**Shipping Date:**  
 09/24/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569955518	Q Lyla 7pcs Comforter Set	EA	1	62	62	62	62
N/A	KL10-2458	086569955525	K Lyla 7pcs Comforter Set	EA	1	50	50	50	50
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	44	44	44	44
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	22	22	22	22
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	52	52	52	52
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	34	34	34	34

Total Weight: 2849.48  
 Total Quantity Ordered: 264  
 Total Cartons Ordered: 264  
 Total Quantity Shipped: 264  
 Total Cartons Shipped: 264

Date: 9/24/2019 12:46:53 PM

# Bill Of Lading

Page 1 of 1

**SHIP FROM**

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

Bill of Lading Number: 06757163000370306



(402)06757163000370306

**SHIP TO**

Name: Kohl's Dist. Center - #00855 Location #: 00855  
 Address: 890 East Mill Street  
 San Bernardino D.C., 00855  
 City/State/Zip: San Bernardino, CA 92408-1614  
 CID#: 791726751

CARRIER NAME: Knight Transportation  
 Responsible Acct.No:  
 Trailer number: 83090  
 Seal number(s): 19863407

SCAC: KNIG  
 Pro Number: N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:  
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 791726751  
 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
12435833	Dept#: 211	264	2849.48	Y N	
<b>Grand Total</b>		264	2849.48		

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
10	Pallet			500.00		Pallet		
		264	ctns	2849.48		Comforters, Bedspreads	49017	200
10		264		3349.48		<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  By Driver/Pieces

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

Appt Time:  
 In:  
 Out:  
 Driver Signature:









Date: 9/23/2019 8:35:03 AM

# Master Bill Of Lading

Page 1 of 1

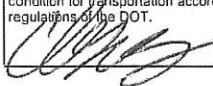
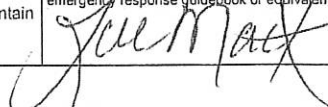
<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000373727	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		<b>CARRIER-NAME:</b> Swift Transportation	
Name:	Kohl's	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM:BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	174333
		Seal number(s):	25002456
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	SWFT
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"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS: ME# 791792171		Appointment Time	Actual Driver Arrival Time
		8:00 AM	7:30 AM
			Driver Departure Time
			8:30 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
12470953 Dept#: 211	565	7362.16	Y	N	06757163000370986	00865	
<b>Grand Total</b>	<b>565</b>	<b>7362.16</b>					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
23	Pallet			1150.00		Pallet		70
		565	ctns	7362.16		Comforters, Bedspreads	49017	200
23				8512.16		<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> _____ <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</b>	
<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>  9/23/19	<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> <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>  9/23/19

Date: 9/23/2019 8:14:14 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Name: E & E COMPANY LTD		Bill of Lading Number: 06757163000370986	
Address: 221 Hanson Way		City/State/Zip: Woodland, CA 95776		 (402)06757163000370986	
SID#: _____		PHONE: _____			
VENDOR: 000074879		FOB: <input type="checkbox"/>		CARRIER NAME: Swift Transportation	
<b>SHIP TO</b>		Name: Kohl's Dist. Center - #00865		Responsible Acct.No: _____	
Address: Mamakating (Wurtsboro) D.C.		City/State/Zip: Wurtsboro, NY 12790		Trailer number: 174333	
CID#: 791792171		FOB: <input type="checkbox"/>		Seal number(s): 25002456	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Name: _____		SCAC: SWFT	
Address: _____		City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 791792171		Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid: _____ Collect: <b>X</b> 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	
12470953 Dept#: 211	565	7362.16	Y N		
<b>Grand Total</b>	565	7362.16			

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
23	Pallet			1150.00		Pallet		
		565	ctns	7362.16		Comforters, Bedspreads	49017	200
23		565		8512.16		<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: <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.
		Appt Time: _____ In: _____ Out: _____ Driver Signature: _____

Order No.: 5157925 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470953  
-#00865

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

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

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

**Shipping Date:**  
09/23/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2524	086569028632	Q Summit 7pcs Comforter Set	EA	1	219	219	219	219
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	104	104	104	104
N/A	KL10-2841	086569271891	Q Luciana 7pcs Comforter Set	EA	1	162	162	162	162
N/A	KL10-2842	086569271907	K Luciana 7pcs Comforter Set	EA	1	80	80	80	80

**Total Weight:** 7362.16  
**Total Quantity Ordered:** 565  
**Total Cartons Ordered:** 565  
**Total Quantity Shipped:** 565  
**Total Cartons Shipped:** 565















Date: 9/20/2019 3:59:22 PM

# Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000373673	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Swift Transportation	
Name:	Kohl's	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	082809
		Seal number(s):	2925508
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	SWFT
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:					
Name:		Prepaid:	<input type="checkbox"/>	Collect:	<input checked="" type="checkbox"/>	3rd Party:	<input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING					
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time			
SPECIAL INSTRUCTIONS:		3:00 AM PM	3:00 AM PM	4:10 AM PM			
ME# 791792172							

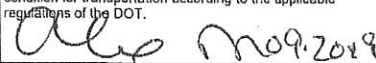
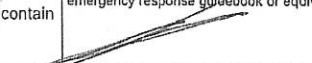
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#	
12471315 Dept#: 211	91	1347.05	Y N	06757163000371006	00890		
12470953 Dept#: 211	366	4764.16	Y N	06757163000370979	00890		
<b>Grand Total</b>	<b>457</b>	<b>6111.21</b>					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
19	Pallet			950.00		Pallet		70
		457	ctns	6111.21		Comforters, Bedspreads	49017	200
19				7061.21		<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.
--	---

<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.  9/20/2019	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.  9-20-19
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Date: 9/20/2019 3:59:14 PM

# Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879      FOB: <input type="checkbox"/>		Name: Kohl's Dist. Center - #00890      Location #: 00890 Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 CID#: 791792172      FOB: <input type="checkbox"/>		Name: _____ Address: _____ City/State/Zip: _____	
Bill of Lading Number: 06757163000370979  (402)06757163000370979		CARRIER NAME: Swift Transportation Responsible Acct.No: _____ Trailer number: 082809 Seal number(s): 2925508		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____      Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 791792172 Packing List is Attached		SCAC: SWFT Pro Number: _____		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12470953	Dept#: 211	366	4764.16	Y	N	
Grand Total		366	4764.16			

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 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
15	Pallet			750.00		Pallet		
		366	ctns	4764.16		Comforters, Bedspreads	49017	200
15		366		5514.16		Grand Total		

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

Order No.: 5157928 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470953  
 - #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: 09/20/2019

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	149	149	149	149
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	70	70	70	70
N/A	KL10-2841	086569271891	Q Luciana 7pcs Comforter Set	EA	1	102	102	102	102
N/A	KL10-2842	086569271907	K Luciana 7pcs Comforter Set	EA	1	45	45	45	45

Total Weight: 4764.16  
 Total Quantity Ordered: 366  
 Total Cartons Ordered: 366  
 Total Quantity Shipped: 366  
 Total Cartons Shipped: 366

# Bill Of Lading

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

Bill of Lading Number: 06757163000370979  
  
 (402)06757163000370979

**SHIP TO**  
 Name: Kohl's Dist. Center - #00890      Location #: 00890  
 Address: 4300 MBL Drive  
 Ottawa D.C., 00890  
 City/State/Zip: Ottawa, IL 61350  
 CID#: 791792172      FOB:

CARRIER NAME: Swift Transportation  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 082809  
 Seal number(s): 2925508

SCAC: SWFT  
 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 #: 791792172  
 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	
12470953      Dept#: 211	366	4764.16	Y      N		
<b>Grand Total</b>	<b>366</b>	<b>4764.16</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
15	Pallet			750.00		Pallet		
		366	ctns	4764.16		Comforters, Bedspreads	49017	200
15		366		5514.16		<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: \_\_\_\_\_

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000371006	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#:		 (402)06757163000371006	
PHONE: VENDOR: 000074879      FOB: <input type="checkbox"/>		CARRIER NAME: Swift Transportation Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: 082809 Seal number(s): 2925508	
Name: Kohl's Dist. Center - #00890      Location #: 00890 Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 CID#: 791792172      FOB: <input type="checkbox"/>		SCAC: SW/FT 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 #: 791792172 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
12471315      Dept#: 211	91	1347.05	Y      N	
<b>Grand Total</b>	91	1347.05		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.05		Pallet		
		91	ctns	1347.05		Comforters, Bedspreads	49017	200
4		91		1547.05		<b>Grand Total</b>		

<p><small>*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 _____</small></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>
--	--

**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><small>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.</small></p>	<p><small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></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>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/pallet is 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>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 5157938 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471315  
 - #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	09/20/2019


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	25	25	25	25
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	21	21	21	21
N/A	KL10-2847	086569276988	Q Christella Comforter Set	EA	1	29	29	29	29
N/A	KL10-2848	086569278995	K Christella Comforter Set	EA	1	16	16	16	16

Total Weight:	1347.05
Total Quantity Ordered:	91
Total Cartons Ordered:	91
Total Quantity Shipped:	91
Total Cartons Shipped:	91

Date: 9/20/2019 3:59:18 PM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000371006	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#:		 (402)06757163000371006	
PHONE: VENDOR: 000074879      FOB: <input type="checkbox"/>		CARRIER NAME: Swift Transportation Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: 082809 Seal number(s): 2925508	
Name: Kohl's Dist. Center - #00890      Location #: 00890 Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 CID#: 791792172      FOB: <input type="checkbox"/>		SCAC: SWFT Pro Number:	
<b>THIRD PARTY FREIGHT CHARGE 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 #: 791792172  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	
12471315      Dept#: 211	91	1347.05	Y      N		
<b>Grand Total</b>	91	1347.05			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.0		Pallet		
		91	ctns	1347.05		Comforters, Bedspreads	49017	200
4		91		1547.05		<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><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><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b></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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Date: 9/20/2019 2:25:31 PM

# Master Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000373659	
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> Knight Transportation	
Name:	Kohl's Dist. Center - #00885	DC#:	00885
		Div.	
Address:	2065 Keystone Pacific Parkway Patterson D.C., 00885	Trailer number:	84853
		Seal number(s):	25002685
City/State/Zip:	Patterson, CA 95363	SCAC:	KNIG
SID#:		Pro Number:	
<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# 791726347		1:00 AM	1:00 PM
		Driver Departure Time	2:40 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12471315 Dept#: 211	50	735.98	Y	N	06757163000370993	00885	
12471287 Dept#: 211	129	1123.15	Y	N	06757163000370924	00885	
12435833 Dept#: 211	232	2192.24	Y	N	06757163000370948	00885	
12470953 Dept#: 211	242	3153.48	Y	N	06757163000370962	00885	
<b>Grand Total</b>	<b>653</b>	<b>7204.85</b>					


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
26	Pallet			1300.00		Pallet		70
		653	ctns	7204.85		Comforters, Bedspreads	49017	200
26				8504.85		<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>	
<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><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><i>Chy 09.2019</i></p>		<p><b>SHIPPER 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> <p><i>[Signature]</i> 9-20-19</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>	

Date: 9/20/2019 2:25:05 PM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000370924	
Name: E & E COMPANY LTD		 (402)06757163000370924	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84853	
VENDOR: 000074879		Seal number(s): 25002685	
FOB: <input type="checkbox"/>		SCAC: KNIG	
SHIP TO		Pro Number:	
Name: Kohl's Dist. Center - #00885		Location #: 00885	
Address: 2065 Keystone Pacific Parkway			
City/State/Zip: Patterson D.C., 00885			
City/State/Zip: Patterson, CA 95363			
CID#: 791726347		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES/BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
Address:		Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box) <input type="checkbox"/>	
SPECIAL INSTRUCTIONS:			
Load #: 791726347			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12471237	Dep#: 211	129	1123.15	Y	N
<b>Grand Total</b>		129	1123.15		

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
5	Pallet			250.00		Pallet		
		129	ctns	1123.15		Comforters, Bedspreads	49017	200
5		129		1373.15		<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>CGD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

<p><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.: 5159806 Order Date: 09/09/2019 Customer: KOHL'S DIST. CENTER - #00885 Customer PO No.: 12471287

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

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

**SHIP TO:**  
KOHL'S DIST. CENTER - #00885  
2065 KEYSTONE PACIFIC  
PARKWAY  
PATTERSON D.C.  
PATTERSON, CA 95363  
US

**Shipping Date:**  
09/20/2019

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	37	37	37	37
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	26	26	26	26
N/A	KL10-2839	086569271846	Q Buffalo Check Comforter Set	EA	1	42	42	42	42
N/A	KL10-2840	086569271853	K Buffalo Check Comforter Set	EA	1	24	24	24	24

**Total Weight:** 1123.15  
**Total Quantity Ordered:** 129  
**Total Cartons Ordered:** 129  
**Total Quantity Shipped:** 129  
**Total Cartons Shipped:** 129

Date: 9/20/2019 2:25:05 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES/BILL TO:	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00885      Location #: 00885	Name:	
Address:	221 Hanson Way	Address:	2065 Keystone Pacific Parkway	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Patterson D.C., 00885	City/State/Zip:	
SID#:		CID#:	791726347      FOB: <input type="checkbox"/>	City/State/Zip:	
PHONE:					
VENDOR:	000074879      FOB: <input type="checkbox"/>				
				SPECIAL INSTRUCTIONS:	
				Load #: 791726347	
				Packing List is Attached	

Bill of Lading Number: 06757163000370924



(402)06757163000370924

CARRIER NAME: Knight Transportation

Responsible Acct.No:

Trailer number: 84853

Seal number(s): 25002685

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
12471287      Dept#: 211	129	1123.15	Y	N	
<b>Grand Total</b>	129	1123.15			

## 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
5	Pallet			250.00		Pallet		
		129	ctns	1123.15		Comforters, Bedspreads	49017	200
5		129		1373.15		<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

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:

Date: 9/20/2019 2:25:11 PM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000370962	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879		 (402)06757163000370962	
<b>SHIP TO</b>		CARRIER NAME: Knight Transportation	
Name: Kohl's Dist. Center - #00885 Location #: 00885 Address: 2065 Keystone Pacific Parkway Patterson D.C., 00885 City/State/Zip: Patterson, CA 95363 CID#: 791726347		Responsible Acct.No: _____ Trailer number: 84853 Seal number(s): 25002685	
<b>THIRD PARTY FREIGHT CHARGES/BILL TO:</b>		SCAC: KNIG Pro Number: _____	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 791726347 Packing List is Attached		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
12470953 Dept#: 211	242	3153.48	Y N	
<b>Grand Total</b>	242	3153.48		

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
10	Pallet			500.00	(X)	Pallet		
		242	ctns	3153.48		Comforters, Bedspreads	49017	200
10		242		3653.48		<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"/>
---	--

**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/Piece	<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.: 5157927    Order Date: 09/05/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12470953  
 - #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> 09/20/2019
--	--	--	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2524	086569028652	Q Summit 7pcs Comforter Set	EA	1	110	110	110	110
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	50	50	50	50
N/A	KL10-2841	086569271191	Q Luciana 7pcs Comforter Set	EA	1	54	54	54	54
N/A	KL10-2842	086569271107	K Luciana 7pcs Comforter Set	EA	1	28	28	28	28


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<b>Total Weight:</b>	<b>3153.48</b>
<b>Total Quantity Ordered:</b>	<b>242</b>
<b>Total Cartons Ordered:</b>	<b>242</b>
<b>Total Quantity Shipped:</b>	<b>242</b>
<b>Total Cartons Shipped:</b>	<b>242</b>

Date: 9/20/2019 2:25:11 PM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000370962	
Name: E & E COMPANY LTD		 (402)06757163000370962	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84853	
VENDOR: 000074879		Seal number(s): 25002685	
<b>SHIP TO</b>		SCAC: KNIG	
Name: Kohl's Dist. Center - #00885 Location #: 00885		Pro Number:	
Address: 2065 Keystone Pacific Parkway		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid:                      Collect: X                      3rd Party:	
Patterson D.C., 00885			
City/State/Zip: Patterson, CA 95363			
CID#: 791726347		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading	
FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES/BILL TO:</b>			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 791726347			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12470953      Dept#: 211	242	3153.48	Y      N		
<b>Grand Total</b>	242	3153.48			


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 as to 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
10	Pallet			500.00		Pallet		
		242	ctns	3153.48		Comforters, Bedspreads	49017	200
10		242		3653.48		<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 style="text-align: center;">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</p> <p><input type="checkbox"/> By Driver                              <input type="checkbox"/> By Driver/pallet: said to contain</p> <p><input type="checkbox"/> By Driver/Piece</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: 9/20/2019 2:25:17 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00885	Name:	
Address:	221 Hanson Way	Address:	2065 Keystone Pacific Parkway	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Patterson D.C., 00885	City/State/Zip:	
SID#:		CID#:	791726347		
PHONE:					
VENDOR:	000074879				
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>		
Bill of Lading Number: 06757163000370993		Trailer number: 84853		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 25002685		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
(402)06757163000370993		SCAC: KNIG		Pro Number:	
CARRIER NAME: Knight Transportation		Pro Number:		Master Bill of Lading: with attached underlying Bills of Lading	
Responsible Acct.No:		Pro Number:		<input type="checkbox"/> (check box)	
SPECIAL INSTRUCTIONS: Load #: 791726347 Packing List is Attached					

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SHIP		ADDITIONAL SHIPPER INFO
12471315 Dept#: 211		50	735.98	Y	N	
<b>Grand Total</b>		50	735.98			

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		
		50	ctns	735.98		Comforters, Bedspreads	49017	200
2		50		835.98		<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.: 5157937    Order Date: 09/05/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12471315  
 - #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 MENCUMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	09/20/2019

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	10	10	10	10
N/A	KL10-2847	086569276998	Q Christella Comforter Set	EA	1	17	17	17	17
N/A	KL10-2848	086569276995	K Christella Comforter Set	EA	1	8	8	8	8


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<b>Total Weight:</b>	<b>735.98</b>
<b>Total Quantity Ordered:</b>	<b>50</b>
<b>Total Cartons Ordered:</b>	<b>50</b>
<b>Total Quantity Shipped:</b>	<b>50</b>
<b>Total Cartons Shipped:</b>	<b>50</b>

Date: 9/20/2019 2:25:17 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#:	791726347
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000370993		CARRIER NAME: Knight Transportation	
		Responsible Acct.No:	
(402)06757163000370993		Trailer number: 84853	
		Seal number(s): 25002685	
		SCAC: KNIG	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		(check box)	
Load #: 791726347			
Packing List is Attached			

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO			
12471315 Dept#: 211		50	735.98	Y	N				
<b>Grand Total</b>		50	735.98						
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		PACKAGE	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360		NMFC #	CLASS
2	Pallet			100.00		Pallet			
		50	ctns	735.98		Comforters, Bedspreads		49017	200
2		50		835.98		<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/pallet 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:

Date: 9/20/2019 2:25:24 PM

# Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757163000370948  
  
 (402)06757163000370948

**SHIP TO**  
 Name: Kohl's Dist. Center - #00885      Location #: 00885  
 Address: 2065 Keystone Pacific Parkway  
 Patterson D.C., 00885  
 City/State/Zip: Patterson, CA 95363  
 CID#: 791726347      FOB:

CARRIER NAME: Knight Transportation  
 Responsible Acct.No:  
 Trailer number: 84853  
 Seal number(s): 25002685

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

SCAC: KNIG  
 Pro Number:

SPECIAL INSTRUCTIONS:  
 Load #: 791726347  
 Packing List is Attached

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

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12435833      Dept#: 211	232	2192.24	Y	N	
<b>Grand Total</b>	232	2192.24			

**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		
		232	ctns	2192.24		Comforters, Bedspreads	49017	200
9		232		2642.24		<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.: 5157918 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435833  
 - #00385

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

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

**SHIP TO:**  
 KOHL'S DIST. CENTER - #00885  
 2065 KEYSTONE PACIFIC  
 PARKWAY  
 PATTERSON D.C.  
 PATTERSON, CA 95363  
 US

**Shipping Date:**  
 09/20/2019

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	53	53	53	53
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	30	30	30	30
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	15	15	15	15
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	41	41	41	41

**Total Weight:** 2192.24  
**Total Quantity Ordered:** 232  
**Total Cartons Ordered:** 232  
**Total Quantity Shipped:** 232  
**Total Cartons Shipped:** 232

Date: 9/20/2019 2:25:24 PM


# Bill Of Lading

Page 1 of 1

**SHIP FROM**

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

Bill of Lading Number: 06757163000370948



(402)06757163000370948

**SHIP TO**

Name: Kohl's Dist. Center - #00885      Location #: 00885  
 Address: 2065 Keystone Pacific Parkway  
 Patterson D.C., 00885  
 City/State/Zip: Patterson, CA 95363  
 CID#: 791726347      FOB:

**CARRIER NAME:** Knight Transportation  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 84853  
 Seal number(s): 25002685

**SCAC:** KNIG  
**Pro Number:** \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES-BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid: \_\_\_\_\_      Collect:       3rd Party: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**  
 Load #: 791726347  
 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/SHIP	ADDITIONAL SHIPPER INFO
12435833      Dept#: 211	232	2192.24	Y      N	
<b>Grand Total</b>	232	2192.24		

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 as to be 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		
		232	ctns	2192.24		Comforters, Bedspreads	49017	200
9		232		2642.24		<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/pallet said to contain  
 By Driver/Piece       By Driver/Piece

**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: 9/20/2019 1:14:17 PM

# Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000373642	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: JB Hunt Transport	
Name:	Kohl's Dist. Center - #00860	DC#:	00860
		Div.	
Address:	1600 North Business 45 Corsicana D.C., 00860	Trailer number:	JBHU-254392
		Seal number(s):	19863404
City/State/Zip:	Corsicana, TX 75110	SCAC:	HJBT
SID#:		Pro Number:	N/A
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 791726645		12:00 AM PM	12:15 AM PM
		Driver Departure Time	1:25 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12471315	Dept#: 211	50	738.64	Y	N	06757163000370269	00860
12471287	Dept#: 211	133	1176.47	Y	N	06757163000370337	00860
12435833	Dept#: 211	228	2157.68	Y	N	06757163000370320	00860
12470953	Dept#: 211	235	3063.58	Y	N	06757163000370184	00860
<b>Grand Total</b>		646	7136.37				

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
24	Pallet			1200.00		Pallet		70
		646	ctns	7136.37		Comforters, Bedspreads	49017	200
24				8336.37		<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: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
	Customer check acceptable: <input type="checkbox"/>

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>[Signature]</i> 9-20-19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 9-20-19
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Date: 9/20/2019 1:13:56 PM

# Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757163000370320  
  
 (402)06757163000370320

**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#: 791726645      FOB:

CARRIER NAME: JB Hunt Transport  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: JBHU-254392  
 Seal number(s): 19863404

SCAC: HJBT  
 Pro Number: N/A

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

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

SPECIAL INSTRUCTIONS:  
 Load #: 791726645  
 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
12435833      Dept#: 211	228	2157.68	Y      N	
<b>Grand Total</b>	228	2157.68		

**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
8	Pallet			400.00		Pallet		
		228	ctns	2157.68		Comforters, Bedspreads	49017	200
8		228		2557.68		<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 \_\_\_\_\_

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.: 5157915 Order Date: 09/09/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435833  
 - #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> 09/20/2019
--	--	--	-------------------------------------

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	39	39	39	39
N/A		KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	28	28	28	28
N/A		KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	35	35	35	35
N/A		KL10-2708	086569171870	K Amberley Comforter Set	EA	1	21	21	21	21
N/A		KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	61	61	61	61
N/A		KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	44	44	44	44

Total Weight:	2157.68
Total Quantity Ordered:	228
Total Cartons Ordered:	228
Total Quantity Shipped:	228
Total Cartons Shipped:	228

Date: 9/20/2019 1:13:56 PM

# Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757163000370320  
  
 (402)06757163000370320

**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#: 791726645      FOB:

CARRIER NAME: JB Hunt Transport  
 Responsible Acct.No:  
 Trailer number: JBHU-254392  
 Seal number(s): 19863404

SCAC: HJBT  
 Pro Number: N/A

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

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

SPECIAL INSTRUCTIONS:  
 Load #: 791726645  
 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
12435833      Dept#: 211	228	2157.68	Y	N	
<b>Grand Total</b>	<b>228</b>	<b>2157.68</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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			400.00		Pallet		
		228	ctns	2157.68		Comforters, Bedspreads	49017	200
8		228		2157.68		<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 \_\_\_\_\_"  
 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 published 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.
			Appt Time: In: Out: Driver Signature:

# Bill Of Lading

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

Bill of Lading Number: 06757163000370184  
  
 (402)06757163000370184

**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#: 791726645      FOB:

**CARRIER NAME:** JB Hunt Transport  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: JBHU-254392  
 Seal number(s): 19863404

**SCAC:** HJBT  
 Pro Number: N/A

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 791726645  
 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
12470953      Dept#: 211	235	3063.58	Y	N	
<b>Grand Total</b>	235	3063.58			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities require special or additional care or attention in handling or stowing must be so marked and packages 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	3063.58		Comforters, Bedspreads	49017	200
9		235		3513.58		<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

<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/Pallets	<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.: 5157924 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470953  
 -#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:**  
 09/20/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2524	086569023662	Q Summit 7pcs Comforter Set	EA	1	99	99	99	99
N/A	KL10-2525	086569023679	K Summit 7pcs Comforter Set	EA	1	41	41	41	41
N/A	KL10-2841	086569273891	Q Luciana 7pcs Comforter Set	EA	1	58	58	58	58
N/A	KL10-2842	086569273907	K Luciana 7pcs Comforter Set	EA	1	37	37	37	37

**Total Weight:** 3063.58  
**Total Quantity Ordered:** 235  
**Total Cartons Ordered:** 235  
**Total Quantity Shipped:** 235  
**Total Cartons Shipped:** 235

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

Bill of Lading Number: 06757163000370184  
  
 (402)06757163000370184

**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#: 791726645 FOB:

CARRIER NAME: JB Hunt Transport  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: JBHU-254392  
 Seal number(s): 19863404

SCAC: HJBT  
 Pro Number: N/A

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

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

SPECIAL INSTRUCTIONS:  
 Load #: 791726645  
 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
12470953 Dept#: 211	235	3063.58	Y	N	
<b>Grand Total</b>	<b>235</b>	<b>3063.58</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
9	Pallet			450.00		Pallet		
		235	ctns	3063.58		Comforters, Bedspreads	49017	200
9		235		3513.58		<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 any 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: \_\_\_\_\_

Date: 9/20/2019 1:14:06 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000370269	
Name:	E & E COMPANY LTD	 (402)06757163000370269	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776	CARRIER NAME: JB Hunt Transport	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: JBHU-254392	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 19863404	
SHIP TO		SCAC: HJBT	
Name:	Kohl's Dist. Center - #00860 Location #: 00860	Pro Number: N/A	
Address:	1600 North Business 45		
City/State/Zip:	Corsicana D.C., 00860		
City/State/Zip:	Corsicana, TX 75110		
CID#:	791726645 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 #: 791726645 Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471315 Dept#: 211	50	738.64	Y N	
<b>Grand Total</b>	<b>50</b>	<b>738.64</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		
		50	ctns	738.64		Comforters, Bedspreads	49017	200
2		50		838.64		<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.: 5157934 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471315  
- #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 MEMOMONEE 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> 09/20/2019
--	--	--	-------------------------------------


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	14	14	14	14
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	10	10	10	10
N/A	KL10-2847	086569276988	Q Christella Comforter Set	EA	1	16	16	16	16
N/A	KL10-2848	086569276995	K Christella Comforter Set	EA	1	10	10	10	10

<b>Total Weight:</b>	<b>738.64</b>
<b>Total Quantity Ordered:</b>	<b>50</b>
<b>Total Cartons Ordered:</b>	<b>50</b>
<b>Total Quantity Shipped:</b>	<b>50</b>
<b>Total Cartons Shipped:</b>	<b>50</b>

Date: 9/20/2019 1:14:06 PM

**Bill Of Lading**

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000370269	
Name:	E & E COMPANY LTD	 (402)06757163000370269	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: JB Hunt Transport	
Name:	Kohl's Dist. Center - #00860	Location #:	00860
Address:	1600 North Business 45		
	Corsicana D.C., 00860		
City/State/Zip:	Corsicana, TX 75110		
CID#:	791726645	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: JBHU-254392	
Name:	Seal number(s): 19863404		
Address:	SCAC: HJBT		
City/State/Zip:	Pro Number: N/A		
SPECIAL INSTRUCTIONS:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Load #: 791726645	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
12471315 Dept#: 211	50	738.64	Y N	
<b>Grand Total</b>	<b>50</b>	<b>738.64</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		
		50	ctns	738.64		Comforters, Bedspreads	49017	200
2		50		838.64		<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 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:

Date: 9/20/2019 1:14:12 PM

# Bill Of Lading

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

Bill of Lading Number: 06757163000370337



CARRIER NAME: JB Hunt Transport

Responsible Acct.No: \_\_\_\_\_

**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#: 791726645      FOB:

Trailer number: JBHU-254392

Seal number(s): 19863404

SCAC: HJBT

Pro Number: N/A

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

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

Prepaid:                      Collect: X                      3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 791726645  
 Packing List is Attached

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
12471287      Dept#: 211	133	1176.47	Y      N	
<b>Grand Total</b>	133	1176.47		

### 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
5	Pallet			250.00		Pallet		
		133	ctns	1176.47		Comforters, Bedspreads	49017	200
5		133		1426.47		<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

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.: 5159803 Order Date: 09/09/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471287  
 - #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:  
 09/20/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2463	086569953570	Q Caledon 7pcs Comforter Set	EA	1	37	37	37	37
N/A	KL10-2464	086569953587	K Caledon 7pcs Comforter Set	EA	1	30	30	30	30
N/A	KL10-2839	086569271846	Q Buffalo Check Comforter Set	EA	1	45	45	45	45
N/A	KL10-2840	086569271853	K Buffalo Check Comforter Set	EA	1	21	21	21	21

Total Weight: 1176.47  
 Total Quantity Ordered: 133  
 Total Cartons Ordered: 133  
 Total Quantity Shipped: 133  
 Total Cartons Shipped: 133

Date: 9/20/2019 1:14:12 PM

# Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757163000370337  
  
 (402)06757163000370337

**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#: 791726645      FOB:

CARRIER NAME: JB Hunt Transport  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: JBHU-254392  
 Seal number(s): 19863404

SCAC: HJBT  
 Pro Number: N/A

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

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

SPECIAL INSTRUCTIONS:  
 Load #: 791726645  
 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
12471287      Dept#: 211	133	1176.47	Y      N	
<b>Grand Total</b>	133	1176.47		

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
5	Pallet			250.00		Pallet		
		133	ctns	1176.47		Comforters, Bedspreads	49017	200
5		133		1426.47		<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:







Date: 9/20/2019 12:40:54 PM

# Master Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000373574	
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 - #00875	DC#:	00875
		Div.:	
Address:	3030 Airport Road East Macon D.C., 00875	Trailer number:	639685
		Seal number(s):	25002682
City/State/Zip:	Macon, GA 31216	SCAC:	HUBG
SID#:		Pro Number:	
<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# 791726640		11:00 <sup>AM</sup> PM	11:20 <sup>AM</sup> PM
		Driver Departure Time	12:55 <sup>AM</sup> PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO
				Y	N		DC# Supplier#
12471315	Dept#: 211	98	1442.45	Y	N	06757163000370221	00875
12470953	Dept#: 211	501	6563.38	Y	N	06757163000370160	00875
<b>Grand Total</b>		599	8005.83				

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 cars. See Section 2(e) of NMFC Item 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
23	Pallet			1150.00		Pallet		70
		599	ctns	8005.83		Comforters, Bedspreads	49017	200
23				9155.83		<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.  
*[Signature]* 09/20/19

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]*

Date: 9/20/2019 12:40:46 PM

## 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#:	791726640
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000370160		Trailer number: 639685	
		Seal number(s): 25002682	
(402)06757163000370160		SCAC: HUBG	
CARRIER NAME: Hub Group		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:	Address:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:			
Load #: 791726640			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12470953 Dept#: 211	501	6563.38	Y N	
<b>Grand Total</b>	<b>501</b>	<b>6563.38</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
19	Pallet			950.00		Pallet		
		501	ctns	6563.38		Comforters, Bedspreads	49017	200
19		501		7513.38		<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 sold to contain  
 By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 5157926 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470953  
- #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:** Shipping Date: 09/20/2019  
KOHL'S DIST. CENTER - #00875  
3030 AIRPORT ROAD EAST  
MACON D.C.  
MACON, GA 31216  
US

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2524	086569029662	Q Summit 7pcs Comforter Set	EA	1	179	179	179	179
N/A	KL10-2525	086569029679	K Summit 7pcs Comforter Set	EA	1	103	103	103	103
N/A	KL10-2841	086569271891	Q Luciana 7pcs Comforter Set	EA	1	134	134	134	134
N/A	KL10-2842	086569271907	K Luciana 7pcs Comforter Set	EA	1	85	85	85	85

Total Weight: 6563.38  
Total Quantity Ordered: 501  
Total Cartons Ordered: 501  
Total Quantity Shipped: 501  
Total Cartons Shipped: 501

Date: 9/20/2019 12:40:46 PM

# Bill Of Lading

Page 1 of 1

**SHIP FROM**

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

Bill of Lading Number: 06757163000370160



(402)6757163000370160

**SHIP TO**

Name: Kohl's Dist. Center - #00875      Location #: 00875  
 Address: 3030 Airport Road East  
 Macon D.C., 00875  
 City/State/Zip: Macon, GA 31216  
 CID#: 791726640      FOB:

CARRIER NAME: Hub Group  
 Responsible Acct.No:  
 Trailer number: 639685  
 Seal number(s): 25002682

SCAC: HUBG  
 Pro Number:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:  
 City/State/Zip:

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

Prepaid:                      Collect: X                      3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 791726640  
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKG	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12470953      Dept#: 211	501	6563.38	Y      N		
<b>Grand Total</b>	<b>501</b>	<b>6563.38</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
19	Pallet			950.00		Pallet		
		501	ctns	6563.38		Comforters, Bedspreads	49017	200
<b>19</b>		<b>501</b>		<b>7513.38</b>		<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/parts 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:

Date: 9/20/2019 12:40:50 PM

# Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757163000370221  
  
 (402)06757163000370221

**SHIP TO**  
 Name: Kohl's Dist. Center - #00875      Location #: 00875  
 Address: 3030 Airport Road East  
 Macon D.C., 00875  
 City/State/Zip: Macon, GA 31216  
 CID#: 791726640      FOB:

**CARRIER NAME:** Hub Group  
 Responsible Acct.No:  
 Trailer number: 639685  
 Seal number(s): 25002682

**SCAC:** HUBG  
**Pro Number:**

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

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

**SPECIAL INSTRUCTIONS:**  
 Load #: 791726640  
 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
12471315      Dept#: 211	98	1442.45	Y	N	
<b>Grand Total</b>	<b>98</b>	<b>1442.45</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
4	Pallet			200.0		Pallet		
		98	ctns	1442.45		Comforters, Bedspreads	49017	200
4		98		1642.45		<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.

**Trail / Loaded:**      **Freight Counter:**  
 By Shipper       By Shipper  
 By Driver       By Driver/pallets said to contain  
 By Driver/Pier

**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.: 5157936 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471315  
 -#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	09/20/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	08656917771	Q Angelica Comforter Set	EA	1	36	36	36	36
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	21	21	21	21
N/A	KL10-2847	086569275988	Q Christella Comforter Set	EA	1	25	25	25	25
N/A	KL10-2848	086569273995	K Christella Comforte Set	EA	1	16	16	16	16

Total Weight:	1442.45
Total Quantity Ordered:	98
Total Cartons Ordered:	98
Total Quantity Shipped:	98
Total Cartons Shipped:	98

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000370221	
Name: E & E COMPANY LTD		 (402)06757163000370221	
Address: 221 Hanson Way			
City/State/Zip: Woodland, GA 95776			
SID#: _____		CARRIER NAME: Hub Group	
PHONE: _____		Responsible Acct.No: _____	
VENDOR: 000074879		Trailer number: 639685	
FOB: <input type="checkbox"/>		Seal number(s): 25002682	
<b>SHIP TO</b>		SCAC: HUBG	
Name: Kohl's Dist. Center - #00875		Pro Number: _____	
Address: 3030 Airport Road East			
Location #: 00875			
Macon D.C., 00875			
City/State/Zip: Macon, GA 31216			
CID#: 791726640			
FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGE BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
Address: _____			
City/State/Zip: _____		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 791726640			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471315 Dept#: 211	98	1442.45	Y N	
<b>Grand Total</b>	98	1442.45		

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		
		98	ctns	1442.45		Comforters, Bedspreads	49017	200
4		98		1642.45		<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: <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.	<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: _____
--	--	--	---













12470953	5157926	R2019091107195319	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586857	0640581375	00006757166405813751	1	Loaded
12470953	5157926	R2019091107195319	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586871	0640581376	00006757166405813768	1	Loaded
12470953	5157926	R2019091107195319	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586871	0640581377	00006757166405813775	1	Loaded
12470953	5157926	R2019091107195319	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586871	0640581378	00006757166405813782	1	Loaded
12470953	5157926	R2019091107195319	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586871	0640581379	00006757166405813799	1	Loaded
12470953	5157926	R2019091107195319	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586871	0640581380	00006757166405813805	1	Loaded
12470953	5157926	R2019091107195319	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586871	0640581381	00006757166405813812	1	Loaded
12470953	5157926	R2019091107195319	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586871	0640581382	00006757166405813829	1	Loaded
12470953	5157926	R2019091107195319	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586857	0640581383	00006757166405813836	1	Loaded
12470953	5157926	R2019091107195319	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586871	0640581384	00006757166405813843	1	Loaded
12470953	5157926	R2019091107195319	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586857	0640581385	00006757166405813850	1	Loaded

Date: 9/20/2019 11:37:00 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: 06757163000370191  
  
 (402)06757163000370191

**SHIP TO**  
 Name: Koh's Dist. Center - #00810      Location #: 00810  
 Address: 7855 County Road 140  
 Findlay D.C., 00810  
 City/State/Zip: Findlay, OH 45840  
 CID#: 791726925      FOB:

CARRIER NAME: GALE TRIANGLE  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 85029  
 Seal number(s): 25002451

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

SCAC: GLTR  
 Pro Number: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
 Load #: 791726925  
 Packing List is Attached

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

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12470953      Dept#: 211	522	6807.56	Y      N		
<b>Grand Total</b>	<b>522</b>	<b>6807.56</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
20	Pallet			1000.00		Pallet		
		522	ctns	6807.56		Comforters, Bedspreads	49017	200
20		522		7807.56		<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.  
 \_\_\_\_\_  
 Date: 09/20/2019

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: 8:00 - 11:00  
 In: 10:50  
 Out: 11:50  
 Driver Signature: *Syl, Jck*

Order No.: 5157920    Order Date: 09/05/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12470953  
 - #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	09/20/2019

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	204	204	204	204
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	98	98	98	98
N/A	KL10-2841	086569271891	Q Luciana 7pcs Comforter Set	EA	1	144	144	144	144
N/A	KL10-2842	086569271907	K Luciana 7pcs Comforter Set	EA	1	76	76	76	76

Total Weight:	6807.56
Total Quantity Ordered:	522
Total Cartons Ordered:	522
Total Quantity Shipped:	522
Total Cartons Shipped:	522















Date: 9/20/2019 10:35:46 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000373567	
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> Schneider	
Name: Kohl's Dist. Center - #00840		DC#: 00840	
		Div. _____	
Address: 2015 NE Jefferson Street		Trailer number: SNLU-981118	
Blue Spring (Grain Valley) D.C., 00840		Seal number(s): 19863403	
City/State/Zip: Grain Valley, MO 64029		SCAC: SCNN	
SID#: _____		Pro Number: N/A	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
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: _____		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: ME# 791726639		Appointment Time 9:00 AM	Actual Driver Arrival Time 9:40 AM
		Driver Departure Time 10:45 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12471315 Dept#: 211	74	1084.13	Y	N	06757163000370214	00840	
12471287 Dept#: 211	173	1393.42	Y	N	06757163000370351	00840	
12470953 Dept#: 211	404	5268.94	Y	N	06757163000370153	00840	
<b>Grand Total</b>	651	7746.49					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
25	Pallet			1250.00		Pallet		70
		651	ctns	7746.49		Comforters, Bedspreads	49017	200
25				8996.49		<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><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
--	---

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

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

<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><i>[Signature]</i> 09/20/19</p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></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>  <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>[Signature]</i> 09/20/19</p>
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Date: 9/20/2019 10:35:34 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: 06757163000370214  
  
 (402)06757163000370214

**SHIP TO**  
 Name: Kohl's Dist. Center - #00840      Location #: 00840  
 Address: 2015 NE Jefferson Street  
 Blue Spring (Grain Valley) D.C.,  
 00840  
 City/State/Zip: Grain Valley, MO 64029  
 CID#: 791726639      FOB:

CARRIER NAME: Schneider  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: SNLU-981118  
 Seal number(s): 19863403  
 SCAC: SCNN  
 Pro Number: N/A

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

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

SPECIAL INSTRUCTIONS:  
 Load #: 791726639  
 Packing List is Attached

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12471315      Dept#: 211	74	1084.13	Y      N.		
<b>Grand Total</b>	<b>74</b>	<b>1084.13</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
3	Pallet			150.00		Pallet		
		74	ctns	1084.13		Comforters, Bedspreads	49017	200
3		74		1234.13		<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.: 5157932 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471315  
- #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	09/20/2019

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	27	27	27	27
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	13	13	13	13
N/A	KL10-2847	086569276988	Q Christella Comforter Set	EA	1	22	22	22	22
N/A	KL10-2848	086569276995	K Christella Comforter Set	EA	1	12	12	12	12

Total Weight:	1084.13
Total Quantity Ordered:	74
Total Cartons Ordered:	74
Total Quantity Shipped:	74
Total Cartons Shipped:	74

Date: 9/20/2019 10:35:34 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#:

Bill of Lading Number: 06757163000370214



(402)06757163000370214

PHONE:  
 VENDOR: 000074879      FOB:

CARRIER NAME: Schneider

Responsible Acct.No:

**SHIP TO**  
 Name: Kohl's Dist. Center - #00840      Location #: 00840  
 Address: 2015 NE Jefferson Street  
 Blue Spring (Grain Valley) D.C.,  
 00840  
 City/State/Zip: Grain Valley, MO 64029  
 CID#: 791726639      FOB:

Trailer number: SNLU-981118

Seal number(s): 19863403

SCAC: SCNN

Pro Number: N/A

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

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

Prepaid:      Collect:       3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 791726639  
 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
12471315      Dept#: 211	74	1084.13	Y      N	
<b>Grand Total</b>	74	1084.13		

**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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		74	ctns	1084.13		Comforters, Bedspreads	49017	200
3		74		1234.13		<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:

Date: 9/20/2019 10:35:38 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000370153	
Name: E & E COMPANY LTD		 (402)06757163000370153	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: SNLU-981118	
VENDOR: 000074879		Seal number(s): 19863403	
<b>SHIP TO</b>		SCAC: SCNN	
Name: Kohl's Dist. Center - #00840      Location #: 00840		Pro Number: N/A	
Address: 2015 NE Jefferson Street			
City/State/Zip: Blue Spring (Grain Valley) D.C., 00840			
Grain Valley, MO 64029			
CID#: 791726639			
<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:			
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:			
Load #: 791726639			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12470953      Dept#: 211	404	5268.94	Y      N	
<b>Grand Total</b>	<b>404</b>	<b>5268.94</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
16	Pallet			800.00		Pallet		
		404	ctns	5268.94		Comforters, Bedspreads	49017	200
16		404		6068.94		<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: <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:

Order No.: 5157922    Order Date: 09/05/2019    Customer: KOHL'S DIST. CENTER    Customer PO No.: 12470953  
 - #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	09/20/2019

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	139	139	139	139
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	69	69	69	69
N/A	KL10-2841	086569271891	Q Luciana 7pcs Comforter Set	EA	1	129	129	129	129
N/A	KL10-2842	086569271907	K Luciana 7pcs Comforter Set	EA	1	67	67	67	67

---

Total Weight:	5268.94
Total Quantity Ordered:	404
Total Cartons Ordered:	404
Total Quantity Shipped:	404
Total Cartons Shipped:	404

Date: 9/20/2019 10:35:38 AM

# Bill Of Lading

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

Bill of Lading Number: 06757163000370153



(402)06757163000370153

**SHIP TO**  
 Name: Kohl's Dist. Center - #00840 Location #: 00840  
 Address: 2015 NE Jefferson Street  
 Blue Spring (Grain Valley) D.C.,  
 00840  
 City/State/Zip: Grain Valley, MO 64029  
 CID#: 791726639 FOB:

CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: SNLU-981118

Seal number(s): 19863403

SCAC: SCNN

Pro Number: N/A

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

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

Prepaid: Collect: X 3rd Party:

**SPECIAL INSTRUCTIONS:**  
 Load #: 791726639  
 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	
12470953 Dept#: 211	404	5268.94	Y N		
<b>Grand Total</b>	<b>404</b>	<b>5268.94</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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
16	Pallet			800.00		Pallet		
		404	ctns	5268.94		Comforters, Bedspreads	49017	200
16		404		6068.94		<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:

Date: 9/20/2019 10:35:42 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000370351	
Name: E & E COMPANY LTD		 (402)06757163000370351	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#: _____		Responsible Acct.No: _____	
PHONE: _____		Trailer number: SNLU-981118	
VENDOR: 000074879		Seal number(s): 19863403	
FOB: <input type="checkbox"/>		SCAC: SCNN	
<b>SHIP TO</b>		Pro Number: N/A	
Name: Kohl's Dist. Center - #00840		Location #: 00840	
Address: 2015 NE Jefferson Street		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Blue Spring (Grain Valley) D.C., 00840		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____	
Grain Valley, MO 64029		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
CID#: 791726639			
FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGE BILL TO:</b>			
Name: _____			
Address: _____			
City/State/Zip: _____			
SPECIAL INSTRUCTIONS: Load #: 791726639			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471287	Dept#: 211	173	1393.42	Y N	
<b>Grand Total</b>		173	1393.42		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		173	ctns	1393.42		Comforters, Bedspreads	49017	200
6		173		1693.42		<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 rules, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

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

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

**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.: 5159801 Order Date: 09/09/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471287  
- #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> 09/20/2019
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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	44	44	44	44
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	30	30	30	30
N/A	KL10-2839	086569271846	Q Buffalo Check Comforter Set	EA	1	68	68	68	68
N/A	KL10-2840	086569271853	K Buffalo Check Comforter Set	EA	1	31	31	31	31

<b>Total Weight:</b>	1393.42
<b>Total Quantity Ordered:</b>	173
<b>Total Cartons Ordered:</b>	173
<b>Total Quantity Shipped:</b>	173
<b>Total Cartons Shipped:</b>	173

Date: 9/20/2019 10:35:42 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000370351	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879      FOB: <input type="checkbox"/>		 (402)06757163000370351	
<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., 00840 City/State/Zip: Grain Valley, MO 64029 CID#: 791726639      FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: SNLU-981118 Seal number(s): 19863403 SCAC: SCNN Pro Number: N/A	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid:                      Collect: X                      3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 791726639 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
12471287      Dept#: 211	173	1393.42	Y      N	
<b>Grand Total</b>	173	1393.42		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		173	ctns	1393.42		Comforters, Bedspreads	49017	200
6		173		1693.42		<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: <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:      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:
--	--	--











12470953	5157922	R201909110719497	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586369	0640577917	00006757166405779170	1	Loaded
12470953	5157922	R201909110719497	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586161	0640577918	00006757166405779187	1	Loaded
12470953	5157922	R201909110719497	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586161	0640577919	00006757166405779194	1	Loaded
12470953	5157922	R201909110719497	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586246	0640577920	00006757166405779200	1	Loaded
12470953	5157922	R201909110719497	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586246	0640577921	00006757166405779217	1	Loaded
12470953	5157922	R201909110719497	KL10-2842	K Luciana 7pcs Comforter Set	Standard	00106757163001586246	0640577922	00006757166405779224	1	Loaded

Date: 9/20/2019 8:35:05 AM

# Master 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#: \_\_\_\_\_ FOB:

Master Bill of Lading Number: 06757163000373529

**SHIP TO**  
 Name: Kohl's Dist. Center - #00830 DC#: 00830  
 Div.  
 Address: 300 Admiral Byrd Drive  
 Winchester D. C., 00830  
 City/State/Zip: Winchester, VA 22602  
 SID#: \_\_\_\_\_ FOB:

**CARRIER NAME:** Hub Group  
 Trailer number: HGIU501458  
 Seal number(s): 19863401  
 SCAC: HUBG  
 Pro Number: N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 SPECIAL INSTRUCTIONS:  
 ME# 791726643

**Freight Charge Terms:**  
 Prepaid:  Collect:  3rd Party:   
 MASTER BILL OF LANDING: WITH ATTACHED  
 (check box) UNDERLYING BILLS OF LANDING  
 Appointment Time: 8:00 AM PM  
 Actual Driver Arrival Time: 7:30 AM PM  
 Driver Departure Time: 8:40 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	DC#	Supplier#	ADDITIONAL SHIPPER INFO
12471315 Dept#: 211	96	1401.41	Y N	06757163000370207	00830		
12470953 Dept#: 211	480	6267.94	Y N	06757163000370146	00830		
<b>Grand Total</b>	576	7669.35					

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
		576	ctns	7669.35		Comforters, Bedspreads	49017	200
22				8769.35		<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.  
 \_\_\_\_\_  
 09/20/2019


**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.  
 \_\_\_\_\_  
 9/20/19

Date: 9/20/2019 8:33:23 AM

**Bill Of Lading**

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00830 Location #: 00830
Address:	221 Hanson Way	Address:	300 Admiral Byrd Drive Winchester D. C., 00830
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Winchester, VA 22602
SID#:		CID#:	791726643
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000370207		Trailer number: HGIU501458	
		Seal number(s): 19863401	
(402)06757163000370207		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 #: 791726643 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
12471315 Dept#: 211	96	1401.41	Y N	
<b>Grand Total</b>	<b>96</b>	<b>1401.41</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
4	Pallet			200.00		Pallet		
		96	ctns	1401.41		Comforters, Bedspreads	49017	200
4		96		1601.41		<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**

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 sealed 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.: 5157931 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471315  
 - #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> 09/20/2019
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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	08656917771	Q Angelica Comforter Set	EA	1	35	35	35	35
N/A	KL10-2705	08656917795	K Angelica Comforter Set	EA	1	15	15	15	15
N/A	KL10-2847	08656927988	Q Christella Comforter Set	EA	1	32	32	32	32
N/A	KL10-2848	08656927995	K Christella Comforter Set	EA	1	14	14	14	14

Total Weight:	1401.41
Total Quantity Ordered:	96
Total Cartons Ordered:	96
Total Quantity Shipped:	96
Total Cartons Shipped:	96

Date: 9/20/2019 8:09:11 AM

# Bill Of Lading

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

Bill of Lading Number: 06757163000370146



(402)06757163000370146

**SHIP TO**  
 Name: Kohl's Dist. Center - #00830 Location #: 00830  
 Address: 300 Admiral Byrd Drive  
 Winchester D. C., 00830  
 City/State/Zip: Winchester, VA 22602  
 CID#: 791726643

CARRIER NAME: Hub Group

Responsible Acct.No:

Trailer number: HGIU501458

Seal number(s): 19863401

SCAC: HUBG

Pro Number: N/A

**THIRD PARTY FREIGHT CHARGE 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 #: 791726643  
 Packing List is Attached

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

### CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKG	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12470953 Dept#: 211	480	6267.94	Y N	
<b>Grand Total</b>	<b>480</b>	<b>6267.94</b>		

### CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities require 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			900.0		Pallet		
		480	ctns	6267.94		Comforters, Bedspreads	49017	200
18		480		7167.94		<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

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.

Trail: Loaded:

By Shipper  
 By Driver

Freight Counterc:

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.: 5157921 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470953  
 - #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> 09/20/2019
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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	190	190	190	190
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	97	97	97	97
N/A	KL10-2841	086569271891	Q Luciana 7pcs Comforter Set	EA	1	125	125	125	125
N/A	KL10-2842	086569271907	K Luciana 7pcs Comforter Set	EA	1	68	68	68	68

Total Weight:	6267.94
Total Quantity Ordered:	480
Total Cartons Ordered:	480
Total Quantity Shipped:	480
Total Cartons Shipped:	480







