


Date: 10/2/2019 8:55:29 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000370955	
Name: E & E COMPANY LTD		 (402)06757163000370955	
Address: 221 Hanson Way		CARRIER NAME: Alliance Shippers	
City/State/Zip: Woodland, CA 95776		Responsible Acct.No:	
SID#:		Trailer number: EMHU 652933	
PHONE:		Seal number(s): 27665318	
VENDOR: 000074879		SCAC: ANSH	
FOB: <input type="checkbox"/>		Pro Number:	
SHIP TO		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
Name: Kohl's Dist. Center - #00810 Location #: 00810			
Address: 7855 County Road 140		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
City/State/Zip: Findlay D.C., 00810			
CID#: 792325323 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 792325323			
Packing List is Attached			

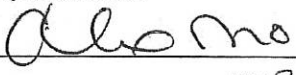
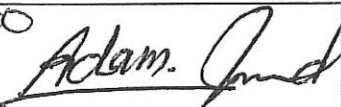
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12435833 Dept#: 211	484	5442.74	Y N	
Grand Total	484	5442.74		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
18	Pallet			900.00		Pallet		
		484	ctns	5442.74		Comforters, Bedspreads	49017	200
18		484		6342.74		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;"> _____ Shipper Signature </div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  10-2-19	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. Property described above is received in good order, except as noted. Appt Time: 9:00 In: 8:20 Out: 9:05 Driver Signature: 
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Order No.: 5157911 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435833
 - #00810

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 10/02/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	152	152	152	152
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	78	78	78	78
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	81	81	81	81
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	40	40	40	40
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	88	88	88	88
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	45	45	45	45

Total Weight:	5442.74
Total Quantity Ordered:	484
Total Cartons Ordered:	484
Total Quantity Shipped:	484
Total Cartons Shipped:	484

Date: 9/30/2019 2:47:04 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000375004	
Name: E & E COMPANY LTD	 (402)06757163000375004		
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:	CARRIER NAME: ABF Freight		
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:	
SHIP TO		Trailer number: 400721	
Name: Kohl's Dist. Center - #00865	Location #: 00865	Seal number(s):	
Address: Mamakating (Wurtsboro) D.C.	SCAC: ABFS		
3440 State Route 209, 00865	Pro Number: 155046980		
City/State/Zip: Wurtsboro, NY 12790			
CID#: 792344660	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:			
City/State/Zip:	Prepaid:	Collect: X	3rd Party:
SPECIAL INSTRUCTIONS:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
Load #: 792344660			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12435833	Dept#: 211	58	824.92	Y	N
Grand Total		58	824.92		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
						Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
58	ctns	3	PLAS	824.92		Comforters, Bedspreads	49017	200
58				824.92		Grand Total		


155 046 980

Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Straight Bill of Lading and ABF's tariffs.



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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Almo mo 9-30-19</i>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE 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>John [Signature]</i> Property described above is received in good order, except as noted. 3PT Appt Time: In: 9-30-19 Out: Driver Signature:
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Order No.: 5157916 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435833
 - #00865

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	09/30/2019

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	27	27	27	27
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	3	3	3	3
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	25	25	25	25
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	3	3	3	3

Total Weight:	824.92
Total Quantity Ordered:	58
Total Cartons Ordered:	58
Total Quantity Shipped:	58
Total Cartons Shipped:	58

Order No.: 5157916 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435833
 -#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: 09/25/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	159	159	159	159
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	80	80	80	80
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	72	72	72	72
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	19	19	19	19
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	112	112	112	112
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	57	57	57	57

Total Weight:	5238.06
Total Quantity Ordered:	499
Total Cartons Ordered:	499
Total Quantity Shipped:	499
Total Cartons Shipped:	499

Date: 9/24/2019 12:46:57 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		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"/>	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Kohl's Dist. Center - #00855		DC#: 00855	
		Div. _____	
Address: 890 East Mill Street		Trailer number: 83090	
		Seal number(s): 19863407	
City/State/Zip: San Bernardino, CA 92408-1614		SCAC: KNIG	
SID#: _____		Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
City/State/Zip: _____		(check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	
ME# 791726751		Actual Driver Arrival Time	
		Driver Departure Time	
		12:00 AM	
		12:00 AM	
		1:00 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
				BOL#	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
Grand Total		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 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
30	Pallet			1500.00		Pallet		70
		732	ctns	8604.69		Comforters, Bedspreads	49017	200
30				10104.69		Grand Total		


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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
<p>SHIPPER SIGNATURE / DATE</p> <p>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p> <p><i>[Signature]</i> 09-24-19</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p> <p>CARRIER SIGNATURE / PICKUP DATE</p> <p>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p> <p><i>[Signature]</i> 9-24-19</p>

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

Bill Of Lading

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 - #00855 Location #: 00855 Address: 890 East Mill Street San Bernardino D.C., 00855 City/State/Zip: San Bernardino, CA 92408-1614 CID#: 791726751 FOB: <input type="checkbox"/>		Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 791726751 Packing List is Attached	
Bill of Lading Number: 06757163000370399  (402)06757163000370399		CARRIER NAME: Knight Transportation Responsible Acct.No: _____ Trailer number: 83090 Seal number(s): 19863407 SCAC: KNIG Pro Number: N/A		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

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

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <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.: 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
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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	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		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00855 Location #: 00855
Address:	221.Hanson Way	Address:	890 East Mill Street San Bernardino D.C., 00855
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Bernardino, CA 92408-1614
SID#:		CID#:	791726751
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000370399		Trailer number: 83090	
		Seal number(s): 19863407	
(402)06757163000370399		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
SPECIAL INSTRUCTIONS: Load #: 791726751		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Packing List is Attached		(check box)	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471287 Dept#: 211	120	1099.85	Y N	
Grand Total	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(a) 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		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:
Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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


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

Appt Time:
In:
Out:
Driver Signature:

Date: 9/24/2019 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#:		CID#:	791726751
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000370177		Trailer number: 83090	
		Seal number(s): 19863407	
(402)06757163000370177		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 791726751			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12470953 Dept#: 211	285	3725.02	Y N	
Grand Total	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(a) 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		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 5157923 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470953
 - #00855

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	09/24/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2524	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

Total Weight:	3725.02
Total Quantity Ordered:	285
Total Cartons Ordered:	285
Total Quantity Shipped:	285
Total Cartons Shipped:	285

Order No.: 5157933 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471315
 - #00855


SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	09/24/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	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		Bill of Lading Number: 06757163000370252	
Name: E & E COMPANY LTD		 (402)06757163000370252	
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	
FOB: <input type="checkbox"/>		SCAC: KNIG	
SHIP TO		Pro Number: N/A	
Name: Kohl's Dist. Center - #00855		Location #: 00855	
Address: 890 East Mill Street			
San Bernardino D.C., 00855			
City/State/Zip: San Bernardino, CA 92408-1614			
CID#: 791726751		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 791726751			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471315 Dept#: 211	63	930.34	Y N	
Grand Total	63	930.34		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		63	ctns	930.34		Comforters, Bedspreads	49017	200
3		63		1080.34		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: 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: 9/24/2019 12:46:53 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		Bill of Lading Number: 06757163000370306  (402)06757163000370306 CARRIER NAME: Knight Transportation Responsible Acct.No: _____ Trailer number: 83090 Seal number(s): 19863407 SCAC: KNIG Pro Number: N/A	
Name: Kohl's Dist. Center - #00855 Location #: 00855 Address: 890 East Mill Street San Bernardino D.C., 00855 City/State/Zip: San Bernardino, CA 92408-1614 CID#: 791726751 FOB: <input type="checkbox"/>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____	
THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____		SPECIAL INSTRUCTIONS: Load #: 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	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12435833 Dept#: 211	264	2849.48	Y N		
Grand Total	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 slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
10	Pallet			500.00		Pallet		
		264	ctns	2849.48		Comforters, Bedspreads	49017	200
10		264		3349.48		Grand Total		

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

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

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

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

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

 Shipper Signature

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

Trailer Loaded: **Freight Counted:**

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 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
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	62	62	62	62
N/A	KL10-2458	086569958525	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: 9/23/2019 11:24:59 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000373758	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Performance Team	
Name: Kohl's DC#: XDSFS Div. _____ Address: X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS City/State/Zip: SANTA FE SPRINGS, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: LH217094 Seal number(s): 2914878 SCAC: GLTN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: ME# 791792176		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
		Appointment Time: 11:00 AM Actual Driver Arrival Time: 10:05 AM Driver Departure Time: 11:25 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12471287 Dept#: 211	225	2061.27	Y	N	06757163000370917	00890	
12435833 Dept#: 211	316	3365.85	Y	N	06757163000370931	00890	
Grand Total	541	5427.12					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
19	Pallet			950.00		Pallet		70
		541	ctns	5427.12		Comforters, Bedspreads	49017	200
19				6377.12		Grand Total		

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. 9/23/19	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. 9-23-19
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Date: 9/23/2019 11:16:22 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00890 Location #: 00890
Address:	221 Hanson Way	Address:	4300 MBL Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Ottawa D.C., 00890
SID#:		CID#:	791792176
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000370917		Trailer number: LH217094	
		Seal number(s): 2914878	
(402)06757163000370917		SCAC: GLTN	
CARRIER NAME: Performance Team		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 791792176			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471287 Dept#: 211	225	2061.27	Y N	
Grand Total	225	2061.27		

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
8	Pallet			400.00		Pallet		
		225	ctns	2061.27		Comforters, Bedspreads	49017	200
8		225		2461.27		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
In:
Out:
Driver Signature:

Order No.: 5157919 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435833
 -#00890

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	09/23/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	102	102	102	102
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	43	43	43	43
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	41	41	41	41
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	25	25	25	25
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	67	67	67	67
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	38	38	38	38

Total Weight:	3365.85
Total Quantity Ordered:	316
Total Cartons Ordered:	316
Total Quantity Shipped:	316
Total Cartons Shipped:	316

Date: 9/23/2019 10:47:24 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00890 Location #: 00890
Address:	221 Hanson Way	Address:	4300 MBL Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Ottawa D.C., 00890
SID#:		City/State/Zip:	Ottawa, IL 61350
PHONE:		CID#:	791792176
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000370931		Trailer number: LH217094	
		Seal number(s): 2914878	
(402)06757163000370931		SCAC: GLTN	
CARRIER NAME: Performance Team		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 #: 791792176			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12435833 Dept#: 211	316	3365.85	Y N	
Grand Total	316	3365.85		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	Pallet			550.00		Pallet		
		316	ctns	3365.85		Comforters, Bedspreads	49017	200
11		316		3915.85		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the 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.: 5157919 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435833
 -#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:
 09/23/2019

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	102	102	102	102
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	43	43	43	43
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	41	41	41	41
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	25	25	25	25
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	67	67	67	67
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	38	38	38	38

Total Weight: 3365.85
 Total Quantity Ordered: 316
 Total Cartons Ordered: 316
 Total Quantity Shipped: 316
 Total Cartons Shipped: 316

Date: 9/20/2019 3:19:13 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000373666	
Name: E & E COMPANY LTD			
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#: _____		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Kohl's		DC#: XDSFS	
		Div. _____	
Address: X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS		Trailer number: 69603	
		Seal number(s): 25002445	
City/State/Zip: SANTA FE SPRINGS, CA 90670		SCAC: KNIG	
SID#: _____		Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip: _____			
SPECIAL INSTRUCTIONS: ME# 791726755		Appointment Time: 2:00 AM PM	
		Actual Driver Arrival Time: 2:00 AM PM	
		Driver Departure Time: 3:30 AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
12435833 Dept#: 211		359	3961.59	Y N	06757163000370313	00840	
Grand Total		359	3961.59				

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
14	Pallet			700.00		Pallet		70
		359	ctns	3961.59		Comforters, Bedspreads	49017	200
14				4661.59		Grand Total		

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

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


<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>[Signature]</i> 9/20/2019</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i></p>
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Date: 9/20/2019 3:16:21 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00840 Location #: 00840
Address:	221 Hanson Way	Address:	2015 NE Jefferson Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840
SID#:		CID#:	791726755
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000370313		Trailer number: 69603	
		Seal number(s): 25002445	
(402)06757163000370313		SCAC: KNIG	
CARRIER NAME: Knight Transportation		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 #: 791726755			
Packing List is Attached			

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO			
12435833 Dept#: 211	359	3961.59	Y N				
Grand Total	359	3961.59					
CARRIER INFORMATION							
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE		<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	NMFC #	CLASS
14	Pallet			700.00	Pallet		
		359	ctns	3961.59	Comforters, Bedspreads	49017	200
14		359		4661.59	Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 5157913 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435833
 - #00840

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #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	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	100	100	100	100
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	63	63	63	63
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	57	57	57	57
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	31	31	31	31
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	44	44	44	44

Total Weight:	3961.59
Total Quantity Ordered:	359
Total Cartons Ordered:	359
Total Quantity Shipped:	359
Total Cartons Shipped:	359

Date: 9/20/2019 2:25:31 PM

Master Bill Of Lading

SHIP FROM		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"/>	
SHIP TO		CARRIER NAME: 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:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 791726347		1:00 AM PM	1:00 AM PM
		Driver Departure Time	2:40 AM 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	
Grand Total		653	7204.85					

CARRIER INFORMATION							LTL ONLY	
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>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
26	Pallet			1300.00		Pallet		70
		653	ctns	7204.85		Comforters, Bedspreads	49017	200
26				8504.85		Grand Total		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p> <p><i>Ally 09.20.19</i></p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE <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 style="text-align: right;"><i>[Signature]</i> 9-20-19</p>
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Order No.: 5159806 Order Date: 09/09/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471287
 - #00885

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	09/20/2019


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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471287 Dept#: 211	129	1123.15	Y N	
Grand Total	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		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE


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

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

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12470953 Dept#: 211	242	3153.48	Y N		
Grand Total	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		Pallet		
		242	ctns	3153.48		Comforters, Bedspreads	49017	200
10		242		3653.48		Grand Total		

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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Order No.: 5157927 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470953
 - #00885

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 09/20/2019
--	--	--	-------------------------------------

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	110	110	110	110
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	50	50	50	50
N/A	KL10-2841	086569271891	Q Luciana 7pcs Comforter Set	EA	1	54	54	54	54
N/A	KL10-2842	086569271907	K Luciana 7pcs Comforter Set	EA	1	28	28	28	28

Total Weight:	3153.48
Total Quantity Ordered:	242
Total Cartons Ordered:	242
Total Quantity Shipped:	242
Total Cartons Shipped:	242

Date: 9/20/2019 2:25:11 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"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid:	Collect: X 3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 791726347			
Packing List is Attached			

Bill of Lading Number: 06757163000370962



(402)06757163000370962

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 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	
Grand Total	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		Pallet		
		242	ctns	3153.48		Comforters, Bedspreads	49017	200
10		242		3653.48		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:


Out:

Driver Signature:

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
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Patterson D.C., 00885
SID#:		City/State/Zip:	Patterson, CA 95363
PHONE:		CID#:	791726347
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	
Grand Total	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		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

SHIP FROM:	BILL TO:	SHIP-TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	09/20/2019


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	086569276988	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

Total Weight:	735.98
Total Quantity Ordered:	50
Total Cartons Ordered:	50
Total Quantity Shipped:	50
Total Cartons Shipped:	50

Date: 9/20/2019 2:25:17 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000370993
Name: E & E COMPANY LTD		 (402)06757163000370993
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		CARRIER NAME: Knight Transportation
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:
SHIP TO		Trailer number: 84853
Name: Kohl's Dist. Center - #00885	Location #: 00885	Seal number(s): 25002685
Address: 2065 Keystone Pacific Parkway		SCAC: KNIG
City/State/Zip: Patterson D.C., 00885		Pro Number:
City/State/Zip: Patterson, CA 95363		
CID#: 791726347	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:		
City/State/Zip:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading
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		
Grand Total	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		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Date: 9/20/2019 2:25:24 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"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid:	Collect: X 3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 791726347			
Packing List is Attached			

Bill of Lading Number: 06757163000370948



(402)06757163000370948

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 underlying Bills of Lading
 (check box)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12435833 Dept#: 211	232	2192.24	Y N	
Grand Total	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 slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	Pallet			450.00		Pallet		
		232	ctns	2192.24		Comforters, Bedspreads	49017	200
9		232		2642.24		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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
 - #00885

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 09/20/2019
--	--	--	-------------------------------------

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/SLIP	ADDITIONAL SHIPPER INFO
12435833 Dept#: 211	232	2192.24	Y N	
Grand Total	232	2192.24		

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 360</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
9	Pallet			450.00		Pallet		
		232	ctns	2192.24		Comforters, Bedspreads	49017	200
9		232		2642.24		Grand Total		

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

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

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

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

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

 Shipper Signature

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

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

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

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	FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: JB Hunt Transport	
Name: Kohl's Dist. Center - #00860	DC#: 00860	Trailer number: JBHU-254392	Seal number(s): 19863404
Address: 1600 North Business 45 Corsicana D.C., 00860	Div.	SCAC: HJBT	Pro Number: N/A
City/State/Zip: Corsicana, TX 75110	FOB: <input type="checkbox"/>	Freight Charge Terms:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Name:	Address:	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
City/State/Zip:	SPECIAL INSTRUCTIONS: ME# 791726645	Appointment Time: 12:00 AM PM	Actual Driver Arrival Time: 12:15 AM PM
		Driver Departure Time: 1:25 AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	Dept#	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12471315	211	50	738.64	Y N	06757163000370269	00860	
12471287	211	133	1176.47	Y N	06757163000370337	00860	
12435833	211	228	2157.68	Y N	06757163000370320	00860	
12470953	211	235	3063.58	Y N	06757163000370184	00860	
Grand Total		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 slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
24	Pallet			1200.00		Pallet		70
		646	ctns	7136.37		Comforters, Bedspreads	49017	200
24				8336.37		Grand Total		

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
Chris Morgan 9-20-19

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.
AM 9-20-19

Order No.: 5157915 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435833
 - #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	KL10-2457	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 1:14:01 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00860 Location #: 00860
Address:	221 Hanson Way	Address:	1600 North Business 45
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Corsicana D.C., 00860
SID#:		CID#:	791726645
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000370184		Trailer number: JBHU-254392	
		Seal number(s): 19863404	
(402)06757163000370184		SCAC: HJBT	
CARRIER NAME: JB Hunt Transport		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Load #: 791726645		(check box)	
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12470953 Dept#: 211	235	3063.58	Y N	
Grand Total	235	3063.58		

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
9	Pallet			450.00		Pallet		
		235	ctns	3063.58		Comforters, Bedspreads	49017	200
9		235		3513.58		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
In:
Out:
Driver Signature:

Order No.: 5157924 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470953
 - #00860

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORNICANA D.C. CORNICANA, TX 75110 US	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	99	99	99	99
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	41	41	41	41
N/A	KL10-2841	086569271891	Q Luciana 7pcs Comforter Set	EA	1	58	58	58	58
N/A	KL10-2842	086569271907	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

Order No.: 5157934 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471315
 - #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	KL10-2704	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

Total Weight:	738.64
Total Quantity Ordered:	50
Total Cartons Ordered:	50
Total Quantity Shipped:	50
Total Cartons Shipped:	50

Date: 9/20/2019 1:14:06 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: 06757163000370269

 (402)06757163000370269

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
12471315 Dept#: 211	50	738.64	Y N	
Grand Total	50	738.64		

CARRIER INFORMATION

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
2	Pallet		100.00		Pallet		
		50	ctns	738.64	Comforters, Bedspreads	49017	200
2		50		838.64	Grand Total		

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

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

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

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

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

 Shipper Signature

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

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Appt Time:
 In:
 Out:
 Driver Signature:

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:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORNICANA D.C. CORNICANA, TX 75110 US	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	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 9:34:46 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000373536	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohl's Dist. Center - #00875	DC#:	00875
		Div.:	
Address:	3030 Airport Road East Macon D.C., 00875	Trailer number:	EMHU-832064
		Seal number(s):	19863402
City/State/Zip:	Macon, GA 31216	SCAC:	ANSH
SID#:		Pro Number:	N/A
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 791726637		9:00 AM	8:20 PM
		Driver Departure Time	9:45 PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
12471287 Dept#: 211	209	1897.96	Y	N	06757163000370368	00875	
12435833 Dept#: 211	489	5353.29	Y	N	06757163000370283	00875	
Grand Total	698	7251.25					

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
		698	ctns	7251.25		Comforters, Bedspreads	49017	200
26				8551.25		Grand Total		

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

_____ per _____

COD Amount \$ _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Also mo 9.2019

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.

[Signature] 09/20

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000370283	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#:		 (402)06757163000370283	
PHONE: VENDOR: 000074879 FOB: <input type="checkbox"/>		CARRIER NAME: Alliance Shippers Responsible Acct.No:	
SHIP TO		Trailer number: EMHU-832064 Seal number(s): 19863402	
Name: Kohl's Dist. Center - #00875 Location #: 00875 Address: 3030 Airport Road East Macon D.C., 00875 City/State/Zip: Macon, GA 31216 CID#: 791726637 FOB: <input type="checkbox"/>		SCAC: ANSH Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 791726637 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12435833 Dept#: 211	489	5353.29	Y N	
Grand Total	489	5353.29		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
18	Pallet			900.00		Pallet		
		489	ctns	5353.29		Comforters, Bedspreads	49017	200
18		489		6253.29		Grand Total		

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

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

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

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

Order No.: 5157917 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435833
- #00875

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #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	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	123	123	123	123
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	88	88	88	88
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	85	85	85	85
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	42	42	42	42
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	96	96	96	96
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	55	55	55	55

Total Weight:	5353.29
Total Quantity Ordered:	489
Total Cartons Ordered:	489
Total Quantity Shipped:	489
Total Cartons Shipped:	489

Date: 9/20/2019 9:34:39 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00875 Location #: 00875
Address:	221 Hanson Way	Address:	3030 Airport Road East
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Macon D.C., 00875
SID#:		CID#:	791726637 FOB: <input type="checkbox"/>
PHONE:		THIRD PARTY FREIGHT CHARGES BILL TO:	
VENDOR:	000074879 FOB: <input type="checkbox"/>	Name:	
		Address:	
		City/State/Zip:	
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid:	Collect: X 3rd Party:
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Load #: 791726637			
Packing List is Attached			

Bill of Lading Number: 06757163000370283



(402)06757163000370283

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: EMHU-832064

Seal number(s): 19863402

SCAC: ANSH

Pro Number: N/A

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12435833 Dept#: 211	489	5353.29	Y N	
Grand Total	489	5353.29		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
18	Pallet			900.00		Pallet		
		489	ctns	5353.29		Comforters, Bedspreads	49017	200
18		489		6253.29		Grand Total		

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

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

per _____

COD Amount: _____

Fee Terms:

Collect: 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 9:34:42 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00875 Location #: 00875
Address:	221 Hanson Way	Address:	3030 Airport Road East
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Macon D.C., 00875
SID#:		CID#:	791726637
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000370368		Trailer number: EMHU-832064	
		Seal number(s): 19863402	
(402)06757163000370368		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 791726637			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471287 Dept#: 211	209	1897.96	Y N	
Grand Total	209	1897.96		

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		
		209	ctns	1897.96		Comforters, Bedspreads	49017	200
8		209		2297.96		Grand Total		

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

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 5159805 Order Date: 09/09/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471287
-#00875

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #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	KL10-2463	086569958570	Q Caledon 7pcs Comforter Set	EA	1	64	64	64	64
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	47	47	47	47
N/A	KL10-2839	086569271846	Q Buffalo Check Comforter Set	EA	1	72	72	72	72
N/A	KL10-2840	086569271853	K Buffalo Check Comforter Set	EA	1	26	26	26	26

Total Weight:	1897.96
Total Quantity Ordered:	209
Total Cartons Ordered:	209
Total Quantity Shipped:	209
Total Cartons Shipped:	209

Date: 9/20/2019 9:34:42 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00875 Location #: 00875
Address:	221 Hanson Way	Address:	3030 Airport Road East
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Macon D.C., 00875
SID#:		CID#:	791726637 FOB: <input type="checkbox"/>
PHONE:		THIRD PARTY FREIGHT CHARGES BILL TO:	
VENDOR:	000074879 FOB: <input type="checkbox"/>	Name:	
		Address:	
		City/State/Zip:	
		SPECIAL INSTRUCTIONS:	
		Load #: 791726637	
		Packing List is Attached	

Bill of Lading Number: 06757163000370368



(402)06757163000370368

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: EMHU-832064

Seal number(s): 19863402

SCAC: ANSH

Pro Number: N/A

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

Prepaid: Collect: X 3rd Party:

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12471287 Dept#: 211	209	1897.96	Y N	
Grand Total	209	1897.96		

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		
		209	ctns	1897.96		Comforters, Bedspreads	49017	200
8		209		2297.96		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
In:
Out:
Driver Signature:

Date: 9/20/2019 9:14:22 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000373543	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Hub Group	
Name:	Kohl's Dist. Center - #00830	DC#:	00830
		Div.:	
Address:	300 Admiral Byrd Drive Winchester D. C., 00830	Trailer number:	HGIU644967
		Seal number(s):	25002441
City/State/Zip:	Winchester, VA 22602	SCAC:	HUBG
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
ME# 791726638		Appointment Time	Actual Driver Arrival Time
		8:00 AM	8:00 PM
			Driver Departure Time
			9:25 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	Dept#	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12471287	211	237	2036.82	Y N	06757163000370344	00830	
12435833	211	471	5247.96	Y N	06757163000370276	00830	
Grand Total		708	7284.78				

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
		708	ctns	7284.78		Comforters, Bedspreads	49017	200
26				8584.78		Grand Total		

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

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <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 9:11:23 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: 06757163000370344

 (402)06757163000370344

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#: 791726638 FOB:

CARRIER NAME: Hub Group
 Responsible Acct.No:
 Trailer number: HGIU644967
 Seal number(s): 250002441

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 #: 791726638
 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	237	2036.82	Y N	
Grand Total	237	2036.82		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	Pallet			450.00		Pallet		
		237	ctns	2036.82		Comforters, Bedspreads	49017	200
9		237		2486.82		Grand Total		

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

COD Amount: _____
Fee Terms: Collect: 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.: 5159800 Order Date: 09/09/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471287
 - #00830


SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 09/20/2019
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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	70	70	70	70
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	43	43	43	43
N/A	KL10-2839	086569271846	Q Buffalo Check Comforter Set	EA	1	76	76	76	76
N/A	KL10-2840	086569271853	K Buffalo Check Comforter Set	EA	1	48	48	48	48

Total Weight:	2036.82
Total Quantity Ordered:	237
Total Cartons Ordered:	237
Total Quantity Shipped:	237
Total Cartons Shipped:	237

Date: 9/20/2019 8:42:44 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: <input type="checkbox"/>		Bill of Lading Number: 06757163000370276  (402)06757163000370276	
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#: 791726638 FOB: <input type="checkbox"/>		CARRIER NAME: Hub Group Responsible Acct.No: _____ Trailer number: HGIU644967 Seal number(s): 25002441 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 #: 791726638 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	
12435833 Dept#: 211	471	5247.96	Y N		
Grand Total	471	5247.96			

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
17	Pallet			850.00		Pallet		
		471	ctns	5247.96		Comforters, Bedspreads	49017	200
17		471		6097.96		Grand Total		

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

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

Order No.: 5157912 Order Date: 09/05/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435833
 - #00830

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 09/20/2019
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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	KL10-2457	086569958518	Q Lyla 7pcs Comforter Set	EA	1	158	158	158	158
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	62	62	62	62
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	76	76	76	76
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	40	40	40	40
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	78	78	78	78
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	57	57	57	57

Total Weight:	5247.96
Total Quantity Ordered:	471
Total Cartons Ordered:	471
Total Quantity Shipped:	471
Total Cartons Shipped:	471