



NOTIFICATION OF PO FILL RATE ISSUE

Detection Date: 12/2/2019

ATTENTION:

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

E & E CO LTD

DUNS # 053909938

PURCHASE ORDER NUMBER: 12577961

RECEIVER SEQUENCE:

DATE RECEIVED:

DISTRIBUTION CENTER: 0090 MEN. FALLS CORPORATE

DEPARTMENT NUMBER: 0115

PURCHASE ORDER SHIP WINDOWS:

DO NOT SHIP BEFORE DATE: 10/7/2019

CANCEL IF NOT SHIPPED BEFORE DATE: 10/12/2019

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

VIOLATION NUMBER: 10077394

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

VIOLATION AMOUNT: \$160.32

VIOLATION COMMENTS:

NONE

ITEM DETAILS:

Issue Num	Issue pieces	SKU
1	24	78139532 00086569213716

SKU: 78139532; UPC: 00086569213716; SKU Desc: LYLA EMBROIDERED HAND TOWEL; PO Ord Units: 504; Total Recv Units (at analysis): 480; Discrepant Units: 24; %Short: 4.76; PO Ord Cost: 2167.2; Total Rcv Cost: 2064

**** END OF REPORT ****


SHIP FROM		Master Bill of Lading Number: 06757163000383580	
Name:	E & E COMPANY LTD	DC#:	00865
Address:	221 Hanson Way	Div.:	
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohl's Dist. Center - #00865	Trailer number:	641167
Address:	Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865	Seal number(s):	27709705
City/State/Zip:	Wurtsboro, NY 12790	SCAC:	ANSH
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS: ME# 792626026		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		1:00 AM (PM)	1:00 AM (PM)
			Driver Departure Time
			2:35 AM (PM)

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12577961	Dept#: 115	55	470.62	Y	N	06757163000381838	00865
12470954	Dept#: 211	716	9481.58	Y	N	06757163000381845	00865
Grand Total		771	9952.20				

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
27	Pallet			1350.00		Pallet		70
		716	ctns	9481.58		Comforters, Bedspreads	49017	200
		29	ctns	215.67		Shower curtain	49385	77.5
		26	ctns	254.95		Pillows,Valance,Towels	49390	100
27				11302.20		Grand Total		

<p>Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>	
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature _____</p>
<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p> <p><i>[Signature]</i> 10/15/19</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 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> 10/15/19</p>	

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000381838	
Name: E & E COMPANY LTD		 (402)06757163000381838	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Alliance Shippers	
VENDOR: 000074879		Responsible Acct.No:	
SHIP TO		Trailer number: 641167	
Name: Kohl's Dist. Center - #00865		Seal number(s): 27709705	
Address: Mamakating (Wurtsboro) D.C.		SCAC: ANSH	
3440 State Route 209, 00865		Pro Number:	
City/State/Zip: Wurtsboro, NY 12790			
CID#: 792626026			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: Collect: X 3rd Party:	
Load #: 792626026		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12577961	Dept#: 115	55	470.62	Y	N
Grand Total		55	470.62		

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(a) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		26	ctns	254.95		Pillows,Valance,Towels	49390	100
		29	ctns	215.67		Shower curtain	49385	77.5
1		55		520.62		Grand Total		

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

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


Order No.: 5182275 Order Date: 09/24/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12577961
- #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: 10/15/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	96	12	96	12
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	136	17	136	17
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	96	4	96	4
N/A	KL71-2735	086569213723	Lyla (Jaquard) Hand Towel	EA	24	336	14	336	14
N/A	KL71-2736	086569213730	Springdale(Jacquard)Hand Towel	EA	24	120	5	120	5
N/A	KL71-2737	086569213747	Lyla (Stripe) Hand Towel	EA	24	48	2	48	2
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	24	1	24	1

Total Weight:	470.62
Total Quantity Ordered:	856
Total Cartons Ordered:	55
Total Quantity Shipped:	856
Total Cartons Shipped:	55

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000381845	
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000381845	
City/State/Zip: Woodland, CA 95776	SID#:	CARRIER NAME: Alliance Shippers	
PHONE:	VENDOR: 000074879	Responsible Acct.No:	Trailer number: 641167
	FOB: <input type="checkbox"/>	Seal number(s): 27709705	SCAC: ANSH
SHIP TO		Pro Number:	
Name: Kohl's Dist. Center - #00865	Location #: 00865	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: Mamakating (Wurtsboro) D.C.	3440 State Route 209, 00865	Prepaid:	Collect: X
City/State/Zip: Wurtsboro, NY 12790	CID#: 792626026		3rd Party:
	FOB: <input type="checkbox"/>	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:	Address:		
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 792626026			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12470954	Dept#: 211	716	9481.58	Y N	
Grand Total		716	9481.58		

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
26	Pallet			1300.00		Pallet		
		716	ctns	9481.58		Comforters, Bedspreads	49017	200
26		716		10781.58		Grand Total		

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

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


Order No.: 5176053 Order Date: 09/19/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12470954
 - #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	10/15/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	109	109	109	109
N/A	KL10-2841	086569271891	Q Luciana 7pcs Comforter Set	EA	1	364	364	364	364
N/A	KL10-2842	086569271907	K Luciana 7pcs Comforter Set	EA	1	243	243	243	243

Total Weight:	9481.58
Total Quantity Ordered:	716
Total Cartons Ordered:	716
Total Quantity Shipped:	716
Total Cartons Shipped:	716

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000381845	
Name: E & E COMPANY LTD	 (402)06757163000381845	CARRIER NAME: Alliance Shippers Responsible Acct.No: Trailer number: 641167 Seal number(s): 27709705 SCAC: ANSH Pro Number:	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR: 000074879	FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
SHIP TO			
Name: Kohl's Dist. Center - #00865	Location #: 00865		
Address: Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865			
City/State/Zip: Wurtsboro, NY 12790			
CID#: 792626026	FOB: <input type="checkbox"/>	Master Bill of Lading: with attached (check box) underlying Bills of Lading	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 792626026 Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12470954 Dept#: 211	716	9481.58	Y N		
Grand Total	716	9481.58			

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
26	Pallet			1300.00		Pallet		
		716	ctns	9481.58		Comforters, Bedspreads	49017	200
26		716		10781.58		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper; if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/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: 10/14/2019 4:50:25 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000383610	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Coyote Logistics	
Name:	Kohl's Dist. Center - #00885	DC#:	00885
		Div.	
Address:	2065 Keystone Pacific Parkway Patterson D.C., 00885	Trailer number:	22307
		Seal number(s):	27709791
City/State/Zip:	Patterson, CA 95363	SCAC:	CLLQ
SID#:		Pro Number:	N/A
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 792626032		3:00 AM PM	3:40 AM PM
		Driver Departure Time	5:05 AM PM

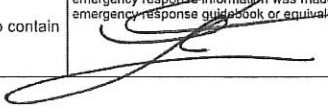
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	DC#	Supplier#
12471316	Dept#: 211	83	1222.75	Y	N	06757163000382606	00885
12577961	Dept#: 115	20	152.78	Y	N	06757163000382583	00885
12435835	Dept#: 211	437	4943.26	Y	N	06757163000382569	00885
12471290	Dept#: 211	230	2192.79	Y	N	06757163000382545	00885
Grand Total		770	8511.58				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
30	Pallet			1500.00		Pallet		70
		4	ctns	36.68		Pillows,Valance,Towels	49390	100
		750	ctns	8358.80		Comforters, Bedspreads	49017	200
		16	ctns	116.10		Shower curtain	49385	77.5
30				10011.58		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.
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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>Alp mo 10/14/19</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.  10/14/19
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Date: 10/14/2019 4:50:12 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#:		CID#:	792626032
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000382569		Trailer number: 22307	
		Seal number(s): 27709791	
(402)06757163000382569		SCAC: CLLQ	
CARRIER NAME: Coyote Logistics		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 #: 792626032 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
12435835 Dept#: 211	437	4943.26	Y N	
Grand Total	437	4943.26		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
16	Pallet			800.00		Pallet		
		437	ctns	4943.26		Comforters, Bedspreads	49017	200
16		437		5743.26		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:

PACKING LIST

PAGE 1 OF 1

Order No.: 5178462 Order Date: 09/20/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435835
- #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: 10/14/2019
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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	103	103	103	103
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	85	85	85	85
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	78	78	78	78
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	49	49	49	49
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	79	79	79	79
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	43	43	43	43

Total Weight:	4943.26
Total Quantity Ordered:	437
Total Cartons Ordered:	437
Total Quantity Shipped:	437
Total Cartons Shipped:	437

Date: 10/14/2019 4:50:12 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#:		CID#:	792626032
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000382569		Trailer number: 22307	
		Seal number(s): 27709791	
(402)06757163000382569		SCAC: CLLQ	
CARRIER NAME: Coyote Logistics		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:		Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 792626032			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12435835 Dept#: 211	437	4943.26	Y N	
Grand Total	437	4943.26		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
16	Pallet			800.00		Pallet		
		437	ctns	4943.26		Comforters, Bedspreads	49017	200
16		437		5743.26		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: 10/14/2019 4:50:15 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000382583
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000382583
SHIP TO		CARRIER NAME: Coyote Logistics
Name: Kohl's Dist. Center - #00885 Location #: 00885 Address: 2065 Keystone Pacific Parkway Patterson D.C., 00885 City/State/Zip: Patterson, CA 95363 CID#: 792626032 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: 22307 Seal number(s): 27709791 SCAC: CLLQ Pro Number: N/A
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:
SPECIAL INSTRUCTIONS: Load #: 792626032 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	
12577961 Dept#: 115	20	152.78	Y N		
Grand Total	20	152.78			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	36.68		Pillows,Valance,Towels	49390	100
		16	ctns	116.10		Shower curtain	49385	77.5
1		20		202.78		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. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Order No.: 5182277 Order Date: 09/24/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12577961
 - #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	10/14/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	88	11	88	11
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	40	5	40	5
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	24	1	24	1
N/A	KL71-2735	086569213723	Lyla (Jaquard) Hand Towel	EA	24	48	2	48	2
N/A	KL71-2736	086569213730	Springdale(Jacquard)Hand Towel	EA	24	24	1	24	1

Total Weight:	152.78
Total Quantity Ordered:	224
Total Cartons Ordered:	20
Total Quantity Shipped:	224
Total Cartons Shipped:	20

Date: 10/14/2019 4:50:15 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000382583	
Name: E & E COMPANY LTD		 (402)06757163000382583	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Coyote Logistics	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 22307	
VENDOR: 000074879		Seal number(s): 27709791	
FOB: <input type="checkbox"/>		SCAC: CLLQ	
SHIP TO		Pro Number: N/A	
Name: Kohl's Dist. Center - #00885		Location #: 00885	
Address: 2065 Keystone Pacific Parkway			
City/State/Zip: Patterson D.C., 00885			
City/State/Zip: Patterson, CA 95363			
CID#: 792626032		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 #: 792626032			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12577961 Dept#: 115	20	152.78	Y N		
Grand Total	20	152.78			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	36.68		Pillows,Valance,Towels	49390	100
		16	ctns	116.10		Shower curtain	49385	77.5
1		20		202.78		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 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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PACKING LIST

PAGE 1 OF 1

Order No.: 5176073 Order Date: 09/19/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471316
- #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: 10/14/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086569171771	Q Angelica Comforter Set	EA	1	32	32	32	32
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	21	21	21	21
N/A	KL10-2847	086569276988	Q Christella Comforter Set	EA	1	20	20	20	20
N/A	KL10-2848	086569276995	K Christella Comforter Set	EA	1	10	10	10	10

Total Weight:	1222.75
Total Quantity Ordered:	83
Total Cartons Ordered:	83
Total Quantity Shipped:	83
Total Cartons Shipped:	83

Date: 10/14/2019 4:50:18 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000382606	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000382606	
SHIP TO		CARRIER NAME: Coyote Logistics	
Name: Kohl's Dist. Center - #00885 Location #: 00885 Address: 2065 Keystone Pacific Parkway Patterson D.C., 00885 City/State/Zip: Patterson, CA 95363 CID#: 792626032 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: 22307 Seal number(s): 27709791	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CLLQ Pro Number: N/A	
Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 792626032 Packing List is Attached		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12471316 Dept#: 211	83	1222.75	Y N		
Grand Total	83	1222.75			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		83	ctns	1222.75		Comforters, Bedspreads	49017	200
4		83		1422.75		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>
--	--

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: 10/14/2019 4:50:22 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000382545
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000382545
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR: 000074879	FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: Coyote Logistics
Name: Kohl's Dist. Center - #00885	Location #: 00885	Responsible Acct.No:
Address: 2065 Keystone Pacific Parkway	Patterson D.C., 00885	Trailer number: 22307
City/State/Zip: Patterson, CA 95363	CID#: 792626032	Seal number(s): 27709791
	FOB: <input type="checkbox"/>	SCAC: CLLQ
		Pro Number: N/A
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:	Address:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
City/State/Zip:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)
Load #: 792626032	Packing List is Attached	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12471290 Dept#: 211	230	2192.79	Y N		
Grand Total	230	2192.79			

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		
		230	ctns	2192.79		Comforters, Bedspreads	49017	200
9		230		2642.79		Grand Total		

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

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

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

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

Order No.: 5176064 Order Date: 09/19/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471290
- #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: 10/14/2019
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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	63	63	63	63
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	66	66	66	66
N/A	KL10-2839	086569271846	Q Buffalo Check Comforter Set	EA	1	55	55	55	55
N/A	KL10-2840	086569271853	K Buffalo Check Comforter Set	EA	1	46	46	46	46

Total Weight:	2192.79
Total Quantity Ordered:	230
Total Cartons Ordered:	230
Total Quantity Shipped:	230
Total Cartons Shipped:	230

Date: 10/14/2019 4:50:22 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#:	792626032
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000382545		Trailer number: 22307	
		Seal number(s): 27709791	
(402)06757163000382545		SCAC: CLLQ	
CARRIER NAME: Coyote Logistics		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 #: 792626032 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
12471290 Dept#: 211	230	2192.79	Y N	
Grand Total	230	2192.79		

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		
		230	ctns	2192.79		Comforters, Bedspreads	49017	200
9		230		2642.79		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: 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:

ShipmentCartonDetail(300038258)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Item Type	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
12577961	5182277	R201909251022288	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643062	0641363915	00006757166413639152	8	Loaded
12577961	5182277	R201909251022288	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643062	0641363916	00006757166413639169	8	Loaded
12577961	5182277	R201909251022288	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643062	0641363917	00006757166413639176	8	Loaded
12577961	5182277	R201909251022288	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643062	0641363918	00006757166413639183	8	Loaded
12577961	5182277	R201909251022288	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643062	0641363919	00006757166413639190	8	Loaded
12577961	5182277	R201909251022288	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643062	0641363920	00006757166413639206	8	Loaded
12577961	5182277	R201909251022288	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643062	0641363921	00006757166413639213	8	Loaded
12577961	5182277	R201909251022288	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643062	0641363922	00006757166413639220	8	Loaded
12577961	5182277	R201909251022288	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643062	0641363923	00006757166413639237	8	Loaded
12577961	5182277	R201909251022288	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643062	0641363924	00006757166413639244	8	Loaded
12577961	5182277	R201909251022288	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643062	0641363925	00006757166413639251	8	Loaded
12577961	5182277	R201909251022288	KL70-2730	Springdale Shower Curtain	Standard	00106757163001643062	0641363926	00006757166413639268	8	Loaded
12577961	5182277	R201909251022288	KL70-2730	Springdale Shower Curtain	Standard	00106757163001643062	0641363927	00006757166413639275	8	Loaded
12577961	5182277	R201909251022288	KL70-2730	Springdale Shower Curtain	Standard	00106757163001643062	0641363928	00006757166413639282	8	Loaded
12577961	5182277	R201909251022288	KL70-2730	Springdale Shower Curtain	Standard	00106757163001643062	0641363929	00006757166413639299	8	Loaded
12577961	5182277	R201909251022288	KL70-2730	Springdale Shower Curtain	Standard	00106757163001643062	0641363930	00006757166413639305	8	Loaded
12577961	5182277	R201909251022288	KL71-2734	Lyla (Embroidery) Hand Towel	Standard	00106757163001643062	0641363931	00006757166413639312	24	Loaded
12577961	5182277	R201909251022288	KL71-2735	Lyla (Jaquard) Hand Towel	Standard	00106757163001643062	0641363932	00006757166413639329	24	Loaded
12577961	5182277	R201909251022288	KL71-2735	Lyla (Jaquard) Hand Towel	Standard	00106757163001643062	0641363933	00006757166413639336	24	Loaded
12577961	5182277	R201909251022288	KL71-2736	Springdale(Jacquard)Hand Towel	Standard	00106757163001643062	0641363934	00006757166413639343	24	Loaded

Date: 10/14/2019 4:20:47 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000383603
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 - #00840	DC#: 00840
		Div.
Address:	2015 NE Jefferson Street Blue Spring (Grain Valley) D.C., 00840	
City/State/Zip:	Grain Valley, MO 64029	
SID#:	FOB: <input type="checkbox"/>	
		Trailer number: UMXU 931726
		Seal number(s): 27709784
		SCAC: ANSH
		Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:	Address:	Prepaid: <input type="checkbox"/> 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: ME# 792640595		Appointment Time: 3:00 AM Actual Driver Arrival Time: 3:00 AM Driver Departure Time: 4:35 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12577961 Dept#: 115	27	214.05	Y	N	06757163000381913	00840	
12435835 Dept#: 211	662	7444.64	Y	N	06757163000381906	00840	
Grand Total	689	7658.69					

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
25	Pallet			1250.00		Pallet		70
		9	ctns	82.53		Pillows,Valance,Towels	49390	100
		662	ctns	7444.64		Comforters, Bedspreads	49017	200
		18	ctns	131.52		Shower curtain	49385	77.5
25				8908.69		Grand Total		

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

COD Amount \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
Alamo 10/14/19

Trailer Loaded: By Shipper By Driver


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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
[Signature]
 10-14-2019

Date: 10/14/2019 4:20:41 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00840	Name:		
Address:	221 Hanson Way	Address:	2015 NE Jefferson Street	Address:		
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840	City/State/Zip:		
SID#:		CID#:	792640595			
PHONE:						
VENDOR:	000074879					
	FOB: <input type="checkbox"/>					
Bill of Lading Number: 06757163000381913		Trailer number: UMXU 931726		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
		Seal number(s): 27709784		Prepaid: Collect: X 3rd Party:		
(402)06757163000381913		SCAC: ANSH		Pro Number:		
		Pro Number:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
				(check box)		
SPECIAL INSTRUCTIONS:						
Load #: 792640595						
Packing List is Attached						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO		
12577961 Dept#: 115	27	214.05	Y N			
Grand Total	27	214.05				
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
1	Pallet			50.00	Pallet	
		9	ctns	82.53	Pillows,Valance,Towels	49390 100
		18	ctns	131.52	Shower curtain	49385 77.5
1		27		264.05	Grand Total	

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

Order No.: 5182272 Order Date: 09/24/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12577961
- #00840

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 10/14/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	88	11	88	11
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	56	7	56	7
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	24	1	24	1
N/A	KL71-2735	086569213723	Lyla (Jaquard) Hand Towel	EA	24	72	3	72	3
N/A	KL71-2736	086569213730	Springdale(Jacquard)Hand Towel	EA	24	48	2	48	2
N/A	KL71-2737	086569213747	Lyla (Stripe) Hand Towel	EA	24	72	3	72	3

Total Weight:	214.05
Total Quantity Ordered:	360
Total Cartons Ordered:	27
Total Quantity Shipped:	360
Total Cartons Shipped:	27

Date: 10/14/2019 4:20:41 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#:		City/State/Zip:	Grain Valley, MO 64029
PHONE:		CID#:	792640595
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000381913		Trailer number: UMXU 931726	
		Seal number(s): 27709784	
(402)06757163000381913		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:		SPECIAL INSTRUCTIONS:	
Load #: 792640595		Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12577961 Dept#: 115	27	214.05	Y N	
Grand Total	27	214.05		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	82.53		Pillows,Valance,Towels	49390	100
		18	ctns	131.52		Shower curtain	49385	77.5
1		27		264.05		Grand Total		

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


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

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

Date: 10/14/2019 4:20:44 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000381906	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: 000074879		 (402)06757163000381906	
SHIP TO		CARRIER NAME: Alliance Shippers	
Name: Kohl's Dist. Center - #00840 Location #: 00840 Address: 2015 NE Jefferson Street City/State/Zip: Blue Spring (Grain Valley) D.C., 00840 Grain Valley, MO 64029 CID#: 792640595		Responsible Acct.No: Trailer number: UMXU 931726 Seal number(s): 27709784	
		SCAC: ANSH Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 792640595 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	
12435835 Dept#: 211	662	7444.64	Y N		
Grand Total	662	7444.64			

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
24	Pallet			1200.00		Pallet		
		662	ctns	7444.64		Comforters, Bedspreads	49017	200
24		662		8644.64		Grand Total		

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

<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>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><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.: 5178457 Order Date: 09/20/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435835
 - #00840

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 10/14/2019
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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	149	149	149	149
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	124	124	124	124
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	102	102	102	102
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	93	93	93	93
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	120	120	120	120
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	74	74	74	74

Total Weight:	7444.64
Total Quantity Ordered:	662
Total Cartons Ordered:	662
Total Quantity Shipped:	662
Total Cartons Shipped:	662

Date: 10/14/2019 4:20:44 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000381906	
Name: E & E COMPANY LTD		 (402)06757163000381906	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: UMXU 931726	
VENDOR: 000074879		Seal number(s): 27709784	
FOB: <input type="checkbox"/>		SCAC: ANSH	
SHIP TO		Pro Number:	
Name: Kohl's Dist. Center - #00840		Location #: 00840	
Address: 2015 NE Jefferson Street			
City/State/Zip: Blue Spring (Grain Valley) D.C., 00840			
Grain Valley, MO 64029			
CID#: 792640595		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 792640595			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12435835	Dept#: 211	662	Y N	
Grand Total		662	7444.64	

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
24	Pallet			1200.00		Pallet		
		662	ctns	7444.64		Comforters, Bedspreads	49017	200
24		662		8644.64		Grand Total		

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

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

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

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

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

Shipper Signature

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

ShipmentCartonDetail(300038191)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Item Type	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
12577961	5182272	R201909251022263	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643161	0641363786	00006757166413637868	8	Loaded
12577961	5182272	R201909251022263	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643161	0641363787	00006757166413637875	8	Loaded
12577961	5182272	R201909251022263	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643161	0641363788	00006757166413637882	8	Loaded
12577961	5182272	R201909251022263	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643161	0641363789	00006757166413637899	8	Loaded
12577961	5182272	R201909251022263	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643161	0641363790	00006757166413637905	8	Loaded
12577961	5182272	R201909251022263	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643161	0641363791	00006757166413637912	8	Loaded
12577961	5182272	R201909251022263	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643161	0641363792	00006757166413637929	8	Loaded
12577961	5182272	R201909251022263	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643161	0641363793	00006757166413637936	8	Loaded
12577961	5182272	R201909251022263	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643161	0641363794	00006757166413637943	8	Loaded
12577961	5182272	R201909251022263	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643161	0641363795	00006757166413637950	8	Loaded
12577961	5182272	R201909251022263	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643161	0641363796	00006757166413637967	8	Loaded
12577961	5182272	R201909251022263	KL70-2730	Springdale Shower Curtain	Standard	00106757163001643161	0641363797	00006757166413637974	8	Loaded
12577961	5182272	R201909251022263	KL70-2730	Springdale Shower Curtain	Standard	00106757163001643161	0641363798	00006757166413637981	8	Loaded
12577961	5182272	R201909251022263	KL70-2730	Springdale Shower Curtain	Standard	00106757163001643161	0641363799	00006757166413637998	8	Loaded
12577961	5182272	R201909251022263	KL70-2730	Springdale Shower Curtain	Standard	00106757163001643161	0641363800	00006757166413638001	8	Loaded
12577961	5182272	R201909251022263	KL70-2730	Springdale Shower Curtain	Standard	00106757163001643161	0641363801	00006757166413638018	8	Loaded
12577961	5182272	R201909251022263	KL70-2730	Springdale Shower Curtain	Standard	00106757163001643161	0641363802	00006757166413638025	8	Loaded
12577961	5182272	R201909251022263	KL70-2730	Springdale Shower Curtain	Standard	00106757163001643161	0641363803	00006757166413638032	8	Loaded
12577961	5182272	R201909251022263	KL71-2734	Lyla (Embroidery) Hand Towel	Standard	00106757163001643161	0641363804	00006757166413638049	24	Loaded
12577961	5182272	R201909251022263	KL71-2735	Lyla (Jaquard) Hand Towel	Standard	00106757163001643161	0641363805	00006757166413638056	24	Loaded
12577961	5182272	R201909251022263	KL71-2735	Lyla (Jaquard) Hand Towel	Standard	00106757163001643161	0641363806	00006757166413638063	24	Loaded
12577961	5182272	R201909251022263	KL71-2735	Lyla (Jaquard) Hand Towel	Standard	00106757163001643161	0641363807	00006757166413638070	24	Loaded
12577961	5182272	R201909251022263	KL71-2736	Springdale(Jacquard)Hand Towel	Standard	00106757163001643161	0641363808	00006757166413638087	24	Loaded
12577961	5182272	R201909251022263	KL71-2736	Springdale(Jacquard)Hand Towel	Standard	00106757163001643161	0641363809	00006757166413638094	24	Loaded
12577961	5182272	R201909251022263	KL71-2737	Lyla (Stripe) Hand Towel	Standard	00106757163001643161	0641363810	00006757166413638100	24	Loaded
12577961	5182272	R201909251022263	KL71-2737	Lyla (Stripe) Hand Towel	Standard	00106757163001643161	0641363811	00006757166413638117	24	Loaded
12577961	5182272	R201909251022263	KL71-2737	Lyla (Stripe) Hand Towel	Standard	00106757163001643161	0641363812	00006757166413638124	24	Loaded

Date: 10/14/2019 2:07:57 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000384082
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: Alliance Shippers
Name:	Kohl's Dist. Center - #00875	DC#: 00875
		Div.
Address:	3030 Airport Road East	Trailer number: emhu646491
	Macon D.C., 00875	Seal number(s): 27709751
City/State/Zip:	Macon, GA 31216	SCAC: ANSH
SID#:		Pro Number:
		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED
City/State/Zip:		(check box) UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time Actual Driver Arrival Time Driver Departure Time
ME# 792626013		1:00 AM PM 1:00 AM PM 2:15 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12577961	Dept#: 115	5	42.27	Y N	06757163000381289	00875	
12435835	Dept#: 211	86	397.32	Y N	06757163000381302	00875	
12435835	Dept#: 211	683	8603.36	Y N	06757163000381296	00875	
Grand Total		774	9042.95				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
29	Pallet			1450.00		Pallet		70
		769	ctns	9000.68		Comforters, Bedspreads	49017	200
		2	ctns	14.76		Shower curtain	49385	77.5
		3	ctns	27.51		Pillows,Valance,Towels	49390	100
29				10492.95		Grand Total		

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Also no 10-14-19</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>Shippers 10-14-19</i>
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Date: 10/14/2019 2:07:46 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: 06757163000381296  (402)06757163000381296 CARRIER NAME: Alliance Shippers Responsible Acct.No: _____ Trailer number: emhu646491 Seal number(s): 27709751 SCAC: ANSH Pro Number: _____		
Name: Kohl's Dist. Center - #00875 Location #: 00875 Address: 3030 Airport Road East Macon D.C., 00875 City/State/Zip: Macon, GA 31216 CID#: 792626013 FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____		
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 792626013 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
12435835 Dept#: 211	683	8603.36	Y	N	
Grand Total	683	8603.36			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
25	Pallet			1250.00		Pallet		
		683	ctns	8603.36		Comforters, Bedspreads	49017	200
25		683		9853.36		Grand Total		

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

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

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

<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>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. Property described above is received in good order, except as noted.</small></p> <p>Appt Time: _____ In: _____ Out: _____ Driver Signature: _____</p>
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Order No.: 5178461 Order Date: 09/20/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435835
 -#00875

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 10/14/2019
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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	196	196	196	196
N/A	KL10-2458	086569958525	K Lyla 7pcs Comforter Set	EA	1	167	167	167	167
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	113	113	113	113
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	102	102	102	102
N/A	KL10-2836	086569271839	Q Buffalo Check Comforter Set	EA	1	105	105	105	105

Total Weight:	8603.36
Total Quantity Ordered:	683
Total Cartons Ordered:	683
Total Quantity Shipped:	683
Total Cartons Shipped:	683

Date: 10/14/2019 2:07:46 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: 06757163000381296  (402)06757163000381296 CARRIER NAME: Alliance Shippers Responsible Acct.No: _____ Trailer number: emhu646491 Seal number(s): 27709751 SCAC: ANSH Pro Number: _____		
Name: Kohl's Dist. Center - #00875 Location #: 00875 Address: 3030 Airport Road East Macon D.C., 00875 City/State/Zip: Macon, GA 31216 CID#: 792626013 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 #: 792626013 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	
12435835 Dept#: 211	683	8603.36	Y N		
Grand Total	683	8603.36			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
25	Pallet			1250.00		Pallet		
		683	ctns	8603.36		Comforters, Bedspreads	49017	200
25		683		9853.36		Grand Total		

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

Date: 10/14/2019 2:07:49 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000381302	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000381302	
SHIP TO		CARRIER NAME: Alliance Shippers Responsible Acct.No: _____ Trailer number: emhu646491 Seal number(s): 27709751	
Name: Kohl's Dist. Center - #00875 Location #: 00875 Address: 3030 Airport Road East Macon D.C., 00875 City/State/Zip: Macon, GA 31216 CID#: 792626013 FOB: <input type="checkbox"/>		SCAC: ANSH 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 #: 792626013 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	
12435835 Dept#: 211	86	397.32	Y N		
Grand Total	86	397.32			

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
3	Pallet			150.00		Pallet		
		86	ctns	397.32		Comforters, Bedspreads	49017	200
3		86		547.32		Grand Total		

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

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

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.: 5178461 Order Date: 09/20/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435835
- #00875

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

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

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

Shipping Date:
10/14/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2837	086569271860	K Buffalo Check Comforter Set	EA	1	86	86	86	86

Total Weight: 397.32
Total Quantity Ordered: 86
Total Cartons Ordered: 86
Total Quantity Shipped: 86
Total Cartons Shipped: 86

Date: 10/14/2019 2:07:49 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000381302	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000381302	
SHIP TO		CARRIER NAME: Alliance Shippers	
Name: Kohl's Dist. Center - #00875 Location #: 00875 Address: 3030 Airport Road East Macon D.C., 00875 City/State/Zip: Macon, GA 31216 CID#: 792626013 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: emhu646491 Seal number(s): 27709751 SCAC: ANSH Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 792626013 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
12435835 Dept#: 211	86	397.32	Y N	
Grand Total	86	397.32		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		86	ctns	397.32		Comforters, Bedspreads	49017	200
3		86		547.32		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>
--	---

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.
			Apt Time: In: Out: Driver Signature:

Order No.: 5182276 Order Date: 09/24/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12577961
 -#00875

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 10/14/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	8	1	8	1
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	8	1	8	1
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	24	1	24	1
N/A	KL71-2736	086569213730	Springdale(Jacquard)Hand Towel	EA	24	24	1	24	1
N/A	KL71-2737	086569213747	Lyla (Stripe) Hand Towel	EA	24	24	1	24	1

Total Weight:	42.27
Total Quantity Ordered:	88
Total Cartons Ordered:	5
Total Quantity Shipped:	88
Total Cartons Shipped:	5

Date: 10/14/2019 2:07:53 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000381289	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000381289	
SHIP TO		CARRIER NAME: Alliance Shippers	
Name: Kohl's Dist. Center - #00875 Location #: 00875 Address: 3030 Airport Road East Macon D.C., 00875 City/State/Zip: Macon, GA 31216 CID#: 792626013 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: emhu646491 Seal number(s): 27709751 SCAC: ANSH Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 792626013 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
12577961 Dept#: 115	5	42.27	Y	N	
Grand Total	5	42.27			

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
1	Pallet			50.00		Pallet		
		3	ctns	27.51		Pillows,Valance,Towels	49390	100
		2	ctns	14.76		Shower curtain	49385	77.5
1		5		92.27		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>	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).

<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>	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:

ShipmentCartonDetail(300038128)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Item Type	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
12577961	5182276	R201909251022277	KL70-2517	Lyla Shower Curtain	Standard	00106757163001643208	0641363910	00006757166413639107	8	Loaded
12577961	5182276	R201909251022277	KL70-2730	Springdale Shower Curtain	Standard	00106757163001643208	0641363911	00006757166413639114	8	Loaded
12577961	5182276	R201909251022277	KL71-2734	Lyla (Embroidery) Hand Towel	Standard	00106757163001643208	0641363912	00006757166413639121	24	Loaded
12577961	5182276	R201909251022277	KL71-2736	Springdale(Jacquard)Hand Towel	Standard	00106757163001643208	0641363913	00006757166413639138	24	Loaded
12577961	5182276	R201909251022277	KL71-2737	Lyla (Stripe) Hand Towel	Standard	00106757163001643208	0641363914	00006757166413639145	24	Loaded

SHIP FROM		Master Bill of Lading Number: 06757163000383795	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Coyote Logistics	
Name:	Kohl's	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	403V
		Seal number(s):	27709727
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	CLLQ
SID#:		Pro Number:	N/A
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 792640621		4:00 PM	2:40 AM
			Driver Departure Time
			3:55 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	Dept#	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12471316	211	141	2073.08	Y N	06757163000382613	00860	
12435835	211	303	4481.89	Y N	06757163000382576	00830	
12471290	211	258	2509.02	Y N	06757163000382552	00860	
12577961	115	11	106.00	Y N	06757163000382590	00860	
Grand Total		713	9169.99				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
29	Pallet			1450.00		Pallet		70
		5	ctns	62.38		Pillows,Valance,Towels	49390	100
		702	ctns	9063.99		Comforters, Bedspreads	49017	200
		6	ctns	43.62		Shower curtain	49385	77.5
29				10619.99		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. <i>[Signature]</i> 10/11/19	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>
--	---	--

Date: 10/11/2019 3:42:55 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00830 Location #: 00830
Address:	221 Hanson Way	Address:	300 Admiral Byrd Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Winchester D. C., 00830
SID#:		CID#:	792640621
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000382576		Trailer number: 403V	
		Seal number(s): 27709727	
(402)06757163000382576		SCAC: CLLQ	
CARRIER NAME: Coyote Logistics		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 (check box) underlying Bills of Lading	
Load #: 792640621			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12435835 Dept#: 211	303	4481.89	Y N	
Grand Total	303	4481.89		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
12	Pallet			600.00		Pallet		
		303	ctns	4481.89		Comforters, Bedspreads	49017	200
12		303		5081.89		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.: 5178456 Order Date: 09/20/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435835
 - #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:
 10/11/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	178	178	178	178
N/A	KL10-2708	086569171870	K Amberley Comforter Set	EA	1	125	125	125	125

Total Weight: 4481.89
 Total Quantity Ordered: 303
 Total Cartons Ordered: 303
 Total Quantity Shipped: 303
 Total Cartons Shipped: 303

Date: 10/11/2019 3:42:55 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000382576
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000382576
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR: 000074879	CARRIER NAME: Coyote Logistics
	FOB: <input type="checkbox"/>	Responsible Acct.No:
SHIP TO		Trailer number: 403V
Name: Kohl's Dist. Center - #00830	Location #: 00830	Seal number(s): 27709727
Address: 300 Admiral Byrd Drive	Winchester D. C., 00830	SCAC: CLLQ
City/State/Zip: Winchester, VA 22602	CID#: 792640621	Pro Number: N/A
	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:	Address:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
City/State/Zip:		
SPECIAL INSTRUCTIONS: Load #: 792640621 Packing List is Attached		Prepaid: Collect: X 3rd Party:
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12435835 Dept#: 211	303	4481.89	Y	N	
Grand Total	303	4481.89			

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
12	Pallet			600.00		Pallet		
		303	ctns	4481.89		Comforters, Bedspreads	49017	200
12		303		5081.89		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 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>
---	--

<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.: 5176061 Order Date: 09/19/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471290
 - #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: 10/11/2019
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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	78	78	78	78
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	72	72	72	72
N/A	KL10-2839	086569271846	Q Buffalo Check Comforter Set	EA	1	59	59	59	59
N/A	KL10-2840	086569271853	K Buffalo Check Comforter Set	EA	1	49	49	49	49

Total Weight:	2509.02
Total Quantity Ordered:	258
Total Cartons Ordered:	258
Total Quantity Shipped:	258
Total Cartons Shipped:	258

Date: 10/11/2019 3:43:04 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000382613
Name: E & E COMPANY LTD		 (402)06757163000382613
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		CARRIER NAME: Coyote Logistics
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:
SHIP TO		Trailer number: 403V
Name: Kohl's Dist. Center - #00860	Location #: 00860	Seal number(s): 27709727
Address: 1600 North Business 45		SCAC: CLLQ
City/State/Zip: Corsicana D.C., 00860		Pro Number: N/A
City/State/Zip: Corsicana, TX 75110		
CID#: 792640621	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:		
SPECIAL INSTRUCTIONS: Load #: 792640621 Packing List Is Attached		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
12471316	Dept#: 211	141	2073.08	Y N	
Grand Total		141	2073.08		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		141	ctns	2073.08		Comforters, Bedspreads	49017	200
6		141		2373.08		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 style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
--	---

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

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

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

Order No.: 5176070 Order Date: 09/19/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471316
 - #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	10/11/2019


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	53	53	53	53
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	33	33	33	33
N/A	KL10-2847	086569276988	Q Christella Comforter Set	EA	1	38	38	38	38
N/A	KL10-2848	086569276995	K Christella Comforter Set	EA	1	17	17	17	17

Total Weight:	2073.08
Total Quantity Ordered:	141
Total Cartons Ordered:	141
Total Quantity Shipped:	141
Total Cartons Shipped:	141

Date: 10/11/2019 3:43:04 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00860 Location #: 00860
Address:	221 Hanson Way	Address:	1600 North Business 45 Corsicana D.C., 00860
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Corsicana, TX 75110
SID#:		CID#:	792640621
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000382613		Trailer number: 403V	
		Seal number(s): 27709727	
(402)06757163000382613		SCAC: CLLQ	
CARRIER NAME: Coyote Logistics		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	
Address:		Collect: X	
City/State/Zip:		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached	
Load #: 792640621		(check box) underlying Bills of Lading	
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12471316 Dept#: 211	141	2073.08	Y	N	
Grand Total	141	2073.08			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		141	ctns	2073.08		Comforters, Bedspreads	49017	200
6		141		2373.08		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: 10/11/2019 3:43:09 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: 06757163000382590

 (402)06757163000382590

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#: 792640621 FOB:

CARRIER NAME: Coyote Logistics
 Responsible Acct.No:
 Trailer number: 403V
 Seal number(s): 27709727
 SCAC: CLLQ
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 792640621
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12577961 Dept#: 115	11	106.00	Y	N	
Grand Total	11	106.00			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	62.38		Pillows,Valance,Towels	49390	100
		6	ctns	43.62		Shower curtain	49385	77.5
1		11		156.00		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.: 5182274 Order Date: 09/24/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12577961
 - #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:
 10/11/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	32	4	32	4
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	16	2	16	2
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	24	1	24	1
N/A	KL71-2736	086569213730	Springdale(Jacquard)Hand Towel	EA	24	24	1	24	1
N/A	KL71-2737	086569213747	Lyla (Stripe) Hand Towel	EA	24	48	2	48	2
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	24	1	24	1

Total Weight: 106
 Total Quantity Ordered: 168
 Total Cartons Ordered: 11
 Total Quantity Shipped: 168
 Total Cartons Shipped: 11

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000382590
Name: E & E COMPANY LTD		 (402)06757163000382590
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Coyote Logistics
SID#:		Responsible Acct.No:
PHONE:		Trailer number: 403V
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 27709727
SHIP TO		SCAC: CLLQ
Name: Kohl's Dist. Center - #00860	Location #: 00860	Pro Number: N/A
Address: 1600 North Business 45		
City/State/Zip: Corsicana D.C., 00860		
City/State/Zip: Corsicana, TX 75110		
CID#: 792640621	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 #: 792640621 Packing List is Attached		

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12577961 Dept#: 115	11	106.00	Y N	
Grand Total	11	106.00		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	62.38		Pillows,Valance,Towels	49390	100
		6	ctns	43.62		Shower curtain	49385	77.5
1		11		156.00		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>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/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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ShipmentCartonDetail(300038259)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Item Type	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
12577961	5182274	R201909251022275	KL70-2517	Lyla Shower Curtain	Standard	00106757163001644380	0641363844	00006757166413638445	8	Loaded
12577961	5182274	R201909251022275	KL70-2517	Lyla Shower Curtain	Standard	00106757163001644380	0641363845	00006757166413638452	8	Loaded
12577961	5182274	R201909251022275	KL70-2517	Lyla Shower Curtain	Standard	00106757163001644380	0641363846	00006757166413638469	8	Loaded
12577961	5182274	R201909251022275	KL70-2517	Lyla Shower Curtain	Standard	00106757163001644380	0641363847	00006757166413638476	8	Loaded
12577961	5182274	R201909251022275	KL70-2730	Springdale Shower Curtain	Standard	00106757163001644380	0641363848	00006757166413638483	8	Loaded
12577961	5182274	R201909251022275	KL70-2730	Springdale Shower Curtain	Standard	00106757163001644380	0641363849	00006757166413638490	8	Loaded
12577961	5182274	R201909251022275	KL71-2734	Lyla (Embroidery) Hand Towel	Standard	00106757163001644380	0641363850	00006757166413638506	24	Loaded
12577961	5182274	R201909251022275	KL71-2736	Springdale(Jacquard)Hand Towel	Standard	00106757163001644380	0641363851	00006757166413638513	24	Loaded
12577961	5182274	R201909251022275	KL71-2737	Lyla (Stripe) Hand Towel	Standard	00106757163001644380	0641363852	00006757166413638520	24	Loaded
12577961	5182274	R201909251022275	KL71-2737	Lyla (Stripe) Hand Towel	Standard	00106757163001644380	0641363853	00006757166413638537	24	Loaded
12577961	5182274	R201909251022275	KL73-2733	Lyla (Embroidery) Bath Towel	Standard	00106757163001644380	0641363854	00006757166413638544	24	Loaded

Date: 10/11/2019 2:16:54 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000383566	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohl's Dist. Center - #00890	DC#:	00890
		Div.:	
Address:	4300 MBL Drive Ottawa D.C., 00890	Trailer number:	EMHU 649924
		Seal number(s):	27709738
City/State/Zip:	Ottawa, IL 61350	SCAC:	ANSH
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: ME# 792626022		Appointment Time	Actual Driver Arrival Time
		1:00 AM	1:00 AM
		PM	PM
			Driver Departure Time
			2:30 AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO
						DC#	Supplier#
12577961	Dept#: 115	48	409.49	Y	N	06757163000381791	00890
12435835	Dept#: 211	98	1360.24	Y	N	06757163000381807	00890
12470954	Dept#: 211	623	8206.36	Y	N	06757163000381777	00890
Grand Total		769	9976.09				


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
29	Pallet			1450.00		Pallet		70
		721	ctns	9566.60		Comforters, Bedspreads	49017	200
		22	ctns	218.27		Pillows, Valance, Towels	49390	100
		26	ctns	191.22		Shower curtain	49385	77.5
29				11426.09		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> 10-11-19</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 <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> 10-11-19</p>
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SHIP FROM		Bill of Lading Number: 06757163000381807	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: 000074879		 (402)06757163000381807	
SHIP TO		CARRIER NAME: Alliance Shippers	
Name: Kohl's Dist. Center - #00890 Location #: 00890 Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 CID#: 792626022		Responsible Acct.No: Trailer number: EMHU 649924 Seal number(s): 27709738	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: ANSH Pro Number:	
Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 792626022 Packing List is Attached		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12435835 Dept#: 211	98	1360.24	Y N		
Grand Total	98	1360.24			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		98	ctns	1360.24		Comforters, Bedspreads	49017	200
4		98		1560.24		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: <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; border-top: 1px solid black; width: 100%;"> _____ 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. <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

Order No.: 5178463 Order Date: 09/20/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12435835
 - #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: 10/11/2019
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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	KL10-2707	086569171849	Q Amberley Comforter Set	EA	1	98	98	98	98

Total Weight:	1360.24
Total Quantity Ordered:	98
Total Cartons Ordered:	98
Total Quantity Shipped:	98
Total Cartons Shipped:	98

Date: 10/11/2019 2:16:47 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Kohl's Dist. Center - #00890	Name:	
Address:	221 Hanson Way	Address:	4300 MBL Drive	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Ottawa D.C., 00890	City/State/Zip:	
SID#:		City/State/Zip:	Ottawa, IL 61350	SPECIAL INSTRUCTIONS:	
PHONE:		CID#:	792626022	Load #:	792626022
VENDOR:	000074879	FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000381791		Trailer number: EMHU 649924		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 27709738		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000381791		SCAC: ANSH		Pro Number:	
CARRIER NAME: Alliance Shippers		Pro Number:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Responsible Acct.No:					

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12577961 Dept#: 115	48	409.49	Y N	
Grand Total	48	409.49		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		22	ctns	218.27		Pillows,Valance,Towels	49390	100
		26	ctns	191.22		Shower curtain	49385	77.5
1		48		459.49		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE	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.: 5182278 Order Date: 09/24/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12577961
 - #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: 10/11/2019
--	--	--	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL70-2517	086569022653	Lyla Shower Curtain	EA	8	112	14	112	14
N/A	KL70-2730	086569192691	Springdale Shower Curtain	EA	8	96	12	96	12
N/A	KL71-2734	086569213716	Lyla (Embroidery) Hand Towel	EA	24	96	4	96	4
N/A	KL71-2735	086569213723	Lyla (Jaquard) Hand Towel	EA	24	192	8	192	8
N/A	KL71-2736	086569213730	Springdale(Jacquard)Hand Towel	EA	24	120	5	120	5
N/A	KL71-2737	086569213747	Lyla (Stripe) Hand Towel	EA	24	96	4	96	4
N/A	KL73-2733	086569213709	Lyla (Embroidery) Bath Towel	EA	24	24	1	24	1

Total Weight:	409.49
Total Quantity Ordered:	736
Total Cartons Ordered:	48
Total Quantity Shipped:	736
Total Cartons Shipped:	48

Date: 10/11/2019 2:16:47 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000381791	
Name: E & E COMPANY LTD		 (402)06757163000381791	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: EMHU 649924	
VENDOR: 000074879		Seal number(s): 27709738	
FOB: <input type="checkbox"/>		SCAC: ANSH	
SHIP TO		Pro Number:	
Name: Kohl's Dist. Center - #00890		Location #: 00890	
Address: 4300 MBL Drive			
Ottawa D.C., 00890			
City/State/Zip: Ottawa, IL 61350			
CID#: 792626022		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 #: 792626022			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12577961	Dept#: 115	48	409.49	Y N
Grand Total		48	409.49	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		22	ctns	218.27		Pillows,Valance,Towels	49390	100
		26	ctns	191.22		Shower curtain	49385	77.5
1		48		459.49		Grand Total		

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

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

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

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

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

Shipper Signature

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

