

5/6/19

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757166000460022	
Name:	E & E COMPANY LTD	Address:	550 Northport Pkwy
City/State/Zip:	Port Wentworth, GA 31407	SID#:	FOB: <input type="checkbox"/>

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Hub Group	
Name:	Kohl's Dist. Center - #00875	DC#:	00875
Address:	3030 Airport Road East Macon D.C., 00875	Trailer number:	53345
City/State/Zip:	Macon, GA 31216	Seal number(s):	2781311
SID#:	FOB: <input type="checkbox"/>	SCAC:	HUBG
		Pro Number:	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
ME# 792606011		Appointment Time	Actual Driver Arrival Time
		1300 AM PM	1215 AM PM
			Driver Departure Time
			1840 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12577970 Dept#: 115	7	171.91	Y	N	06757166000459842	00840	
12390435 Dept#: 411	108	892.08	Y	N	06757166000459903	00860	
12390435 Dept#: 411	273	2254.98	Y	N	06757166000459811	00840	
12390453 Dept#: 411	80	1352.64	Y	N	06757166000459873	00860	
12390453 Dept#: 411	380	6361.35	Y	N	06757166000459927	00840	
12577970 Dept#: 115	24	608.32	Y	N	06757166000459828	00865	
12390453 Dept#: 411	432	7191.06	Y	N	06757166000459934	00865	
12577970 Dept#: 115	2	52.90	Y	N	06757166000459910	00860	
<b>Grand Total</b>	<b>1306</b>	<b>18885.24</b>					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 369.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1273	ctns			18052.11		Throws, Blankets	49040	150


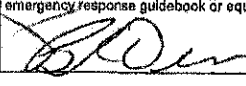
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

**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.

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  10.10.19	<b>Trailer Loaded:</b>	<b>Freight Counted:</b>	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  6036
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

Date: 10/10/2019 6:35:20 PM

# Master Bill Of Lading

<b>SHIP FROM</b>				Master Bill of Lading Number: 06757166000460022					
Name: E & E COMPANY LTD				CARRIER NAME: Hub Group					
Address: 550 Northport Pkwy									
City/State/Zip: Port Wentworth, GA 31407									
SID#: _____ FOB: <input type="checkbox"/>				Trailer number: 53345					
<b>SHIP TO</b>				Seal number(s): 2781311					
Name: Kohl's Dist. Center - #00875				DC#: 00875					
Address: 3030 Airport Road East				Div.					
City/State/Zip: Macon, GA 31216				SCAC: HUBG					
SID#: _____ FOB: <input type="checkbox"/>				Pro Number:					
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				Freight Charge Terms:					
Name:				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>					
Address:				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING					
City/State/Zip:									
SPECIAL INSTRUCTIONS: ME# 792606011				Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
				AM PM		AM PM		AM PM	
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 368</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
33	ctns			833.13		Rugs	70970-5	125	
1306				18886.24		<b>Grand Total</b>			

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

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

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

Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

**Shipper Signature**

**SHIPPER SIGNATURE / DATE**

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

**Trailer Loaded:**

- By Shipper
- By Driver

**Freight Counted:**

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


**CARRIER SIGNATURE / PICKUP DATE**

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

Date: 10/10/2019 6:35:07 PM

## Bill Of Lading

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SHIP FROM		Bill of Lading Number: 06757166000459873	
Name:	E & E COMPANY LTD	 (402)06757166000459873	<b>CARRIER NAME:</b> Hub Group
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			
PHONE:			
VENDOR:	000074879	Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: 53345	
Name:	Kohl's Dist. Center - #00860	Location #: 00860	Seal number(s): 2781311
Address:	1600 North Business 45		<b>SCAC:</b> HUBG
	Corsicana D.C., 00860		<b>Pro Number:</b>
City/State/Zip:	Corsicana, TX 75110		
CID#:	792806011	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
12390453	Prepaid: Collect: <b>X</b> 3rd Party:		
Packing List is Attached	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
12390453	Dept#: 411	80	1352.64	Y	N			
<b>Grand Total</b>		80	1352.64					
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
80	ctns			1352.64		Throws, Blankets	49040	150
80				1352.64		<b>Grand Total</b>		

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