

Date: 10/28/2019 6:32:08 PM

# Master Bill Of Lading

Page 1 of 2

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757166000464709	
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
		Div.:	
Address:	3030 Airport Road East	Trailer number:	1931385
	Macon D.C., 00875	Seal number(s):	2781358
City/State/Zip:	Macon, GA 31216	SCAC:	HUBG
SID#:	FOB: <input type="checkbox"/>	Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
ME# 793343273		10/29 AM	10/28 AM
		10:00 PM	10:00 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12577970 * Dept#: 115	16	409.96	Y	N	06757166000459651	00830	
12390435 . Dept#: 411	76	627.76	Y	N	06757166000459699	00855	
12390453 . Dept#: 411	36	608.15	Y	N	06757166000459705	00855	
12390435 . Dept#: 411	148	1222.48	Y	N	06757166000459729	00875	
12390453 Dept#: 411	177	2978.15	Y	N	06757166000459675	00830	
12390435 Dept#: 411	224	1850.24	Y	N	06757166000464679	00810	
12577970 Dept#: 115	6	148.77	Y	N	06757166000459682	00855	
12390435 Dept#: 411	262	2164.12	Y	N	06757166000459668	00830	
12390435 Dept#: 411	448	3700.48	Y	N	06757166000459897	00865	
<b>Grand Total</b>	<b>1393</b>	<b>13710.11</b>					

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

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

**Fee Terms:** Collect:  Prepaid:

Customer check acceptable:

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

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

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

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Keg</i> 10.28.19	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. SIMMONS 10-28-19
	_____ Shipper Signature		

Date: 10/28/2019 6:32:06 PM

## Master Bill Of Lading

Page 2 of 2

SHIP FROM				SHIP TO				THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: E & E COMPANY LTD				Name: Kohl's Dist. Center - #00875				Name:			
Address: 550 Northport Pkwy				DC#: 00875				Address:			
City/State/Zip: Port Wentworth, GA 31407				Div.				City/State/Zip: Macon, GA 31216			
SID#: _____ FOB: <input type="checkbox"/>				SID#: _____ FOB: <input type="checkbox"/>				SID#: _____ FOB: <input type="checkbox"/>			
				CARRIER NAME: Hub Group				Freight Charge Terms:			
				Trailer number: 1931385				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>			
				Seal number(s): 2781358				Appointment Time AM PM			
				SCAC: HUBG				Actual Driver Arrival Time AM PM			
				Pro Number:				Driver Departure Time AM PM			
SPECIAL INSTRUCTIONS: ME# 793343273				MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING							
				Appointment Time AM PM							
				Actual Driver Arrival Time AM PM							
				Driver Departure Time AM PM							
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	LTL ONLY				
QTY	TYPE	QTY	TYPE				NMFC #	CLASS			
1371	ctns			13151.38		Throws, Blankets	49040	150			
22	ctns			558.73		Rugs	70970-5	125			
1393				13710.11		<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: 10/28/2019 6:31:56 PM

# Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: 000074879      FOB: <input type="checkbox"/>	Bill of Lading Number: 06757166000459651  (402)06757166000459651 CARRIER NAME: Hub Group Responsible Acct.No: _____ Trailer number: 1931385 Seal number(s): 2781358 SCAC: HUBG Pro Number: _____		
Name: Kohl's Dist. Center - #00830      Location #: 00830 Address: 300 Admiral Byrd Drive Winchester D. C., 00830 City/State/Zip: Winchester, VA 22602 CID#: 793343273      FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____      Collect: <input checked="" type="checkbox"/> 3rd Party: _____		
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b> Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: MP-REL-13944378 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
12577970      Dept#: 115	16	409.96	Y      N	
<b>Grand Total</b>	16	409.96		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
16	ctns			409.96		Rugs	70970-5	125
16				409.96		<b>Grand Total</b>		

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

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

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

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

Order No.: 5182247 Order Date: 09/24/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12577970  
 - #00830

<b>SHIP FROM:</b> E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	<b>BILL TO:</b> KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER -#00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	<b>Shipping Date:</b> 10/28/2019
--	--	--	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL72-2738	086569213754	Lyla (Tiana) Bath Rug	EA	12	144	12	144	12
N/A	KL72-2739	086569213761	Lyla (Stripe) Bath Rug	EA	12	48	4	48	4

<b>Total Weight:</b>	<b>409.96</b>
<b>Total Quantity Ordered:</b>	<b>192</b>
<b>Total Cartons Ordered:</b>	<b>16</b>
<b>Total Quantity Shipped:</b>	<b>192</b>
<b>Total Cartons Shipped:</b>	<b>16</b>