


Order No.: 5222749 Order Date: 10/25/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471292
 - #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: 11/08/2019
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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	14	14	14	14
N/A	KL10-2464	086569958587	K Caledon 7pcs Comforter Set	EA	1	26	26	26	26

Total Weight:	584.06
Total Quantity Ordered:	40
Total Cartons Ordered:	40
Total Quantity Shipped:	40
Total Cartons Shipped:	40

SHIP FROM		Bill of Lading Number: 06757163000392155	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879		 (402)06757163000392155	
SHIP TO		CARRIER NAME: JB Hunt Transport	
Name: Kohl's Dist. Center - #00840 Location #: 00840 Address: 2015 NE Jefferson Street Blue Spring (Grain Valley) D.C., City/State/Zip: 00840 Grain Valley, MO 64029 CID#: 793712302		Responsible Acct.No: _____ Trailer number: JBHU-304881 Seal number(s): 27709502	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HJBT	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: N/A	
SPECIAL INSTRUCTIONS: Load #: 793712302 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) 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	
12471328 Dept#: 211	52	778.12	Y N		
Grand Total	52	778.12			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		52	ctns	778.12		Comforters, Bedspreads	49017	200
2		52		878.12		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>
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<p>SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p>	<p>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 <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.: 5222758 Order Date: 10/25/2019 Customer: KOHL'S DIST. CENTER Customer PO No.: 12471328
 - #00840


SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	11/08/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2704	086569171771	Q Angelica Comforter Set	EA	1	15	15	15	15
N/A	KL10-2705	086569171795	K Angelica Comforter Set	EA	1	17	17	17	17
N/A	KL10-2847	086569276988	Q Christella Comforter Set	EA	1	11	11	11	11
N/A	KL10-2848	086569276995	K Christella Comforter Set	EA	1	9	9	9	9

Total Weight:	778.12
Total Quantity Ordered:	52
Total Cartons Ordered:	52
Total Quantity Shipped:	52
Total Cartons Shipped:	52

Date: 11/8/2019 7:32:36 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000391981	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000391981	
SHIP TO		CARRIER NAME: JB Hunt Transport	
Name: Kohl's Dist. Center - #00840 Location #: 00840 Address: 2015 NE Jefferson Street Blue Spring (Grain Valley) D.C., City/State/Zip: 00840 Grain Valley, MO 64029 CID#: 793712302 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: JBHU-304881 Seal number(s): 27709502 SCAC: HJBT Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 793712302 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	
12470955 Dept#: 211	80	1162.20	Y N		
Grand Total	80	1162.20			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		80	ctns	1162.20		Comforters, Bedspreads	49017	200
3		80		1312.20		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. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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Order No.: 5222740 Order Date: 10/25/2019 Customer: KOHL'S DIST. CENTER - #00840 Customer PO No.: 12470955

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:
11/08/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2524	086569028662	Q Summit 7pcs Comforter Set	EA	1	9	9	9	9
N/A	KL10-2525	086569028679	K Summit 7pcs Comforter Set	EA	1	14	14	14	14
N/A	KL10-2841	086569271891	Q Luciana 7pcs Comforter Set	EA	1	25	25	25	25
N/A	KL10-2842	086569271907	K Luciana 7pcs Comforter Set	EA	1	32	32	32	32

Total Weight: 1162.2
Total Quantity Ordered: 80
Total Cartons Ordered: 80
Total Quantity Shipped: 80
Total Cartons Shipped: 80

Date: 11/22/2019 8:27:09 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000397372	
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: Kohls Dist. Center - #00890 DC#: 00890 Div. Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: EMHU 300451 Seal number(s): 27665198 SCAC: ANSH Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: Address: City/State/Zip:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: ME# 794262217		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		9:00 <small>AM</small> PM	8:10 <small>AM</small> PM
		Driver Departure Time	8:35 <small>AM</small> PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO		Supplier#
					DC#		
12531732 Dept#: 211	49	724.99	Y N	06757163000395736	00890		
12528813 Dept#: 611	10	95.18	Y N	06757163000395750	00890		
12537589 Dept#: 023	42	756.42	Y N	06757163000395743	00890		
Grand Total	101	1576.59					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		70
		59	ctns	820.17		Comforters, Bedspreads	49017	200
		42	ctns	756.42		Framed Goods	76580 Sub 5	125
4				1776.59		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. <i>Also MO 11-22-19</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>Ho Samuel 11/22/19</i>
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SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		Name: Kohls Dist. Center - #00890 Location #: 00890 Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 CID#: 794262217 FOB: <input type="checkbox"/>		Name: _____ Address: _____ City/State/Zip: _____	
Bill of Lading Number: 06757163000395736  (402)06757163000395736		CARRIER NAME: Alliance Shippers Responsible Acct.No: _____ Trailer number: EMHU 300451 Seal number(s): 27665198 SCAC: ANSH Pro Number: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 794262217 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	
12531732 Dept#: 211	49	724.99	Y N		
Grand Total	49	724.99			

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
2	Pallet			100.00		Pallet		
		49	ctns	724.99		Comforters, Bedspreads	49017	200
2		49		824.99		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"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">_____ Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	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 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: 11/22/2019 8:27:05 AM

Bill Of Lading

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		Name: Kohls Dist. Center - #00890 Location #: 00890 Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 CID#: 794262217 FOB: <input type="checkbox"/>		Name: _____ Address: _____ City/State/Zip: _____	
Bill of Lading Number: 06757163000395736  (402)06757163000395736		CARRIER NAME: Alliance Shippers Responsible Acct.No: _____ Trailer number: EMHU 300451 Seal number(s): 27665198 SCAC: ANSH Pro Number: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 794262217 Packing List is Attached					

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12531732 Dept#: 211	49	724.99	Y N		
Grand Total	49	724.99			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		49	ctns	724.99		Comforters, Bedspreads	49017	200
2		49		824.99		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"/>
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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: 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 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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Order No.: 5227658 Order Date: 10/30/2019 Customer: KOHLS DIST. CENTER - Customer PO No.: 12531732
 #00890

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	11/22/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2847	086569276988	Q Christella Comforter Set	EA	1	28	28	28	28
N/A	KL10-2848	086569276995	K Christella Comforter Set	EA	1	21	21	21	21

Total Weight:	724.99
Total Quantity Ordered:	49
Total Cartons Ordered:	49
Total Quantity Shipped:	49
Total Cartons Shipped:	49

Order No.: 5235159 Order Date: 11/06/2019 Customer: KOHLS DIST. CENTER - Customer PO No.: 12537589
 #00890


SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	11/22/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL95C-0002	086569113276	3-12X24 PIECE GEL COAT CANVAS	EA	2	38	19	38	19
N/A	KL95C-0003	086569113290	3-12X24 PIECE GEL COAT CANVAS	EA	2	46	23	46	23

Total Weight:	756.42
Total Quantity Ordered:	84
Total Cartons Ordered:	42
Total Quantity Shipped:	84
Total Cartons Shipped:	42

Date: 11/22/2019 8:27:02 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000395743
Name: E & E COMPANY LTD	 (402)06757163000395743	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:	CARRIER NAME: Alliance Shippers	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:
SHIP TO		Trailer number: EMHU 300451
Name: Kohls Dist. Center - #00890	Location #: 00890	Seal number(s): 27665198
Address: 4300 MBL Drive		
Ottawa D.C., 00890		
City/State/Zip: Ottawa, IL 61350		
CID#: 794262217		
FOB: <input type="checkbox"/>	SCAC: ANSH	
THIRD PARTY FREIGHT CHARGES BILL TO:		Pro Number:
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		
City/State/Zip:		
SPECIAL INSTRUCTIONS: Load #: 794262217	Prepaid: Collect: X 3rd Party:	
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	
12537589 Dept#: 023	42	756.42	Y N		
Grand Total	42	756.42			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
1	Pallet			50.00		Pallet		
		42	ctns	756.42		Framed Goods	76580 Sub 5	125
1		42		806.42		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: 11/22/2019 8:26:59 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000395750
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>	 (402)06757163000395750	
SHIP TO		CARRIER NAME: Alliance Shippers
Name: Kohls Dist. Center - #00890 Location #: 00890 Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 CID#: 794262217 FOB: <input type="checkbox"/>	Responsible Acct.No: _____ Trailer number: EMHU 300451 Seal number(s): 27665198 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: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 794262217 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	
12528813 Dept#: 611	10	95.18	Y N		
Grand Total	10	95.18			

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		
		10	ctns	95.18		Comforters, Bedspreads	49017	200
1		10		145.18		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:
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Order No.: 5235150 Order Date: 11/06/2019 Customer: KOHLS DIST. CENTER - #00890 Customer PO No.: 12528813

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: KOHLS DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 11/22/2019
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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	KL14-2696	086569171481	F/Q Lyla Mauve Mini Quilt Set	EA	1	6	6	6	6
N/A	KL14-2697	086569171498	K/CK Lyla Mauve Mini Quilt Set	EA	1	4	4	4	4

Total Weight:	95.18
Total Quantity Ordered:	10
Total Cartons Ordered:	10
Total Quantity Shipped:	10
Total Cartons Shipped:	10

Date: 11/22/2019 8:06:46 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000397365	
Name: E & E COMPANY LTD	Address: 221 Hanson Way	City/State/Zip: Woodland, CA 95776	SID#: _____ FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: Swift Transportation	
Name: Kohls Dist. Center - #00855	DC#: 00855	Div.:	Trailer number: 111732
Address: 890 East Mill Street	San Bernardino D.C., 00855	City/State/Zip: San Bernardino, CA 92408-1614	Seal number(s): 27665145
SID#: _____ FOB: <input type="checkbox"/>			SCAC: SWFT
THIRD PARTY FREIGHT CHARGES BILL TO:		Pro Number: N/A	
Name:	Address:	Freight Charge Terms:	
City/State/Zip:	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
ME# 794319457		Appointment Time	Actual Driver Arrival Time
		8:00 AM PM	7:45 AM PM
			Driver Departure Time
			8:30 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
12537589 Dept#: 023	46	828.46	Y	N	06757163000396528	00855	
12531732 Dept#: 211	49	724.99	Y	N	06757163000396504	00855	
12528813 Dept#: 611	52	500.60	Y	N	06757163000396511	00855	
Grand Total	147	2054.05					

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
4	Pallet			200.00		Pallet		70
		46	ctns	828.46		Framed Goods	76580 Sub 5	125
		101	ctns	1225.59		Comforters, Bedspreads	49017	200
4				2254.05		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: 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. <i>Also no 11-22-19</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>[Signature]</i> 11/22/19
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Date: 11/22/2019 8:06:36 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000396528	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____		 (402)06757163000396528	
VENDOR: 000074879 FOB: <input type="checkbox"/>		CARRIER NAME: Swift Transportation Responsible Acct.No: _____	
SHIP TO		Trailer number: 111732 Seal number(s): 27665145	
Name: Kohls Dist. Center - #00855 Location #: 00855 Address: 890 East Mill Street San Bernardino D.C., 00855 City/State/Zip: San Bernardino, CA 92408-1614 CID#: 794319457 FOB: <input type="checkbox"/>		SCAC: SWFT Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 794319457 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	
12537589 Dept#: 023	46	828.46	Y N		
Grand Total	46	828.46			

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		
		46	ctns	828.46		Framed Goods	76580 Sub 5	125
1		46		878.46		Grand Total		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i></p> <p>Appt Time: _____ In: _____ Out: _____ Driver Signature: _____</p>
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Order No.: 5235154 Order Date: 11/06/2019 Customer: KOHLS DIST. CENTER - #00855 Customer PO No.: 12537589

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: KOHLS DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408-1614 US	Shipping Date: 11/22/2019
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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	KL95C-0002	086569113276	3-12X24 PIECE GEL COAT CANVAS	EA	2	30	15	30	15
N/A	KL95C-0003	086569113290	3-12X24 PIECE GEL COAT CANVAS	EA	2	62	31	62	31

Total Weight:	828.46
Total Quantity Ordered:	92
Total Cartons Ordered:	46
Total Quantity Shipped:	92
Total Cartons Shipped:	46

Date: 11/22/2019 8:06:36 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000396528	
Name:	E & E COMPANY LTD	 (402)06757163000396528	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Swift Transportation	
Name:	Kohls Dist. Center - #00855	Location #:	00855
Address:	890 East Mill Street		
	San Bernardino D.C., 00855		
City/State/Zip:	San Bernardino, CA 92408-1614		
CID#:	794319457	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: 111732	
Name:	Address:		
City/State/Zip:	Seal number(s): 27665145		
SPECIAL INSTRUCTIONS: Load #: 794319457 Packing List is Attached		SCAC: SWFT	
		Pro Number: N/A	
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid:	Collect: X 3rd Party:
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12537589 Dept#: 023	46	828.46	Y	N	
Grand Total	46	828.46			

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
1	Pallet			50.00		Pallet		
		46	ctns	828.46		Framed Goods	76580 Sub 5	125
1		46		878.46		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 5235145 Order Date: 11/06/2019 Customer: KOHLS DIST. CENTER - Customer PO No.: 12528813
 #00855

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	11/22/2019


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL14-2696	086569171481	F/Q Lyla Mauve Mini Quilt Set	EA	1	11	11	11	11
N/A	KL14-2697	086569171498	K/CK Lyla Mauve Mini Quilt Set	EA	1	9	9	9	9
N/A	KL14-2898	086569289551	F/Q Tamara Mini Quilt Set	EA	1	17	17	17	17
N/A	KL14-2899	086569289568	K/CK Tamara Mini Quilt Set	EA	1	15	15	15	15

Total Weight:	500.6
Total Quantity Ordered:	52
Total Cartons Ordered:	52
Total Quantity Shipped:	52
Total Cartons Shipped:	52

Date: 11/22/2019 8:06:42 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00855 Location #: 00855
Address:	221 Hanson Way	Address:	890 East Mill Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Bernardino D.C., 00855
SID#:		CID#:	794319457
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000396504		Trailer number: 111732	
		Seal number(s): 27665145	
(402)06757163000396504		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:	Address:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 794319457 Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12531732 Dept#: 211	49	724.99	Y	N	
Grand Total	49	724.99			

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
2	Pallet			100.00		Pallet		
		49	ctns	724.99		Comforters, Bedspreads	49017	200
2		49		824.99		Grand Total		

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

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

per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
In:
Out:
Driver Signature:

Order No.: 5227653 Order Date: 10/30/2019 Customer: KOHLS DIST. CENTER - Customer PO No.: 12531732
 #00855

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408-1614 US	Shipping Date: 11/22/2019
--------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2847	086569276988	Q Christella Comforter Set	EA	1	28	28	28	28
N/A	KL10-2848	086569276995	K Christella Comforter Set	EA	1	21	21	21	21

Total Weight:	724.99
Total Quantity Ordered:	49
Total Cartons Ordered:	49
Total Quantity Shipped:	49
Total Cartons Shipped:	49

Date: 11/22/2019 8:06:42 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00855 Location #: 00855
Address:	221 Hanson Way	Address:	890 East Mill Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Bernardino D.C., 00855
SID#:		CID#:	794319457
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000396504		Trailer number: 111732	
		Seal number(s): 27665145	
(402)06757163000396504		SCAC: SWFT	
CARRIER NAME: Swift Transportation		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 #: 794319457		(check box) underlying Bills of Lading	
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12531732 Dept#: 211	49	724.99	Y N	
Grand Total	49	724.99		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		49	ctns	724.99		Comforters, Bedspreads	49017	200
2		49		824.99		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

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

Date: 11/22/2019 7:42:27 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000397358	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: JB Hunt Transport	
Name: Kohls Dist. Center - #00865 DC#: 00865 Div. _____ Address: Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865 City/State/Zip: Wurtsboro, NY 12790 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: JBHU-299033 Seal number(s): 27665146 SCAC: HJBT Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: ME# 794262216		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time 8:00 AM PM	Actual Driver Arrival Time 7:17 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
12528813	Dept#: 611	38	366.64	Y	N	06757163000396023	00865
12537589	Dept#: 023	70	1260.70	Y	N	06757163000396016	00865
12531732	Dept#: 211	56	820.79	Y	N	06757163000396009	00865
Grand Total		164	2448.13				

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
4	Pallet			200.00		Pallet		70
		70	ctns	1260.70		Framed Goods	76580 Sub 5	125
		94	ctns	1187.43		Comforters, Bedspreads	49017	200
4				2648.13		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"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

SHIP FROM		Bill of Lading Number: 06757163000396009	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000396009	
SHIP TO		CARRIER NAME: JB Hunt Transport	
Name: Kohls Dist. Center - #00865 Location #: 00865 Address: Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865 City/State/Zip: Wurtsboro, NY 12790 CID#: 794262216 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: JBHU-299033 Seal number(s): 27665146 SCAC: HJBT Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 794262216 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	
12531732 Dept#: 211	56	820.79	Y N		
Grand Total	56	820.79			

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
2	Pallet			100.00		Pallet		
		56	ctns	820.79		Comforters, Bedspreads	49017	200
2		56		920.79		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>
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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 <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 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.: 5227655 Order Date: 10/30/2019 Customer: KOHLS DIST. CENTER - Customer PO No.: 12531732
 #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:
 KOHLS DIST. CENTER - #00865
 MAMAKATING (WURTSBORO) D.C.
 3440 STATE ROUTE 209
 WURTSBORO, NY 12790
 US

Shipping Date:
 11/22/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2847	086569276988	Q Christella Comforter Set	EA	1	39	39	39	39
N/A	KL10-2848	086569276995	K Christella Comforter Set	EA	1	17	17	17	17

Total Weight: 820.79
Total Quantity Ordered: 56
Total Cartons Ordered: 56
Total Quantity Shipped: 56
Total Cartons Shipped: 56

Bill Of Lading

SHIP FROM			
Name: E & E COMPANY LTD	Bill of Lading Number: 06757163000396009		
Address: 221 Hanson Way	 (402)06757163000396009		
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:	CARRIER NAME: JB Hunt Transport		
VENDOR: 000074879	Responsible Acct.No:		
SHIP TO			
Name: Kohls Dist. Center - #00865	Location #: 00865	Trailer number: JBHU-299033	Seal number(s): 27665146
Address: Mamakating (Wurtsboro) D.C.	3440 State Route 209, 00865	SCAC: HJBT	Pro Number: N/A
City/State/Zip: Wurtsboro, NY 12790			
CID#: 794262216	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 #: 794262216			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12531732	Dept#: 211	56	820.79	Y	N
Grand Total		56	820.79		

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
2	Pallet			100.00		Pallet		
		56	ctns	820.79		Comforters, Bedspreads	49017	200
2		56		920.79		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/Places	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Bill Of Lading

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: 06757163000396016  (402)06757163000396016 CARRIER NAME: JB Hunt Transport Responsible Acct.No: _____ Trailer number: JBHU-299033 Seal number(s): 27665146 SCAC: HJBT Pro Number: N/A		
Name: Kohls Dist. Center - #00865 Location #: 00865 Address: Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865 City/State/Zip: Wurtsboro, NY 12790 CID#: 794262216 FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <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 #: 794262216 Packing List is Attached	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12537589 Dept#: 023	70	1260.70	Y N		
Grand Total	70	1260.70			

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		
		70	ctns	1260.70		Framed Goods	76580 Sub 5	125
1		70		1310.70		Grand Total		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE <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.: 5235156 Order Date: 11/06/2019 Customer: KOHLS DIST. CENTER - Customer PO No.: 12537589
 #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: KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 11/22/2019
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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	KL95C-0002	086569113276	3-12X24 PIECE GEL COAT CANVAS	EA	2	58	29	58	29
N/A	KL95C-0003	086569113290	3-12X24 PIECE GEL COAT CANVAS	EA	2	82	41	82	41

Total Weight:	1260.7
Total Quantity Ordered:	140
Total Cartons Ordered:	70
Total Quantity Shipped:	140
Total Cartons Shipped:	70

Bill Of Lading

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: 06757163000396023  (402)06757163000396023 CARRIER NAME: JB Hunt Transport Responsible Acct.No: _____ Trailer number: JBHU-299033 Seal number(s): 27665146 SCAC: HJBT Pro Number: N/A		
Name: Kohls Dist. Center - #00865 Location #: 00865 Address: Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865 City/State/Zip: Wurtsboro, NY 12790 CID#: 794262216 FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <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 #: 794262216 Packing List is Attached	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12528813 Dept#: 611	38	366.64	Y N		
Grand Total	38	366.64			

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
1	Pallet			50.00		Pallet		
		38	ctns	366.64		Comforters, Bedspreads	49017	200
1		38		416.64		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"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">_____ Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	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 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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Order No.: 5235147 Order Date: 11/06/2019 Customer: KOHLS DIST. CENTER - Customer PO No.: 12528813
 #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: KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 11/22/2019
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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	KL14-2696	086569171481	F/Q Lyla Mauve Mini Quilt Set	EA	1	9	9	9	9
N/A	KL14-2697	086569171498	K/CK Lyla Mauve Mini Quilt Set	EA	1	8	8	8	8
N/A	KL14-2898	086569289551	F/Q Tamara Mini Quilt Set	EA	1	11	11	11	11
N/A	KL14-2899	086569289568	K/CK Tamara Mini Quilt Set	EA	1	10	10	10	10

Total Weight:	366.64
Total Quantity Ordered:	38
Total Cartons Ordered:	38
Total Quantity Shipped:	38
Total Cartons Shipped:	38

SHIP FROM		Name: E & E COMPANY LTD		Bill of Lading Number: 06757163000396023	
Address: 221 Hanson Way		City/State/Zip: Woodland, CA 95776		 (402)06757163000396023	
SID#:		PHONE:		CARRIER NAME: JB Hunt Transport	
VENDOR: 000074879		FOB: <input type="checkbox"/>		Responsible Acct.No:	
SHIP TO		Name: Kohls Dist. Center - #00865		Trailer number: JBHU-299033	
Address: Mamakating (Wurtsboro) D.C.		Location #: 00865		Seal number(s): 27665146	
City/State/Zip: Wurtsboro, NY 12790		CID#: 794262216		SCAC: HJBT	
		FOB: <input type="checkbox"/>		Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		City/State/Zip:		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS:		Load #: 794262216		<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	
12528813 Dept#: 611	38	366.64	Y N		
Grand Total	38	366.64			

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
1	Pallet			50.00		Pallet		
		38	ctns	366.64		Comforters, Bedspreads	49017	200
1		38		416.64		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>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i></p> <p>Appt Time: In: Out: Driver Signature:</p>
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