

CB2000410

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757166000473176	
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> Schnelder National	
Name:	Kohls Dist. Center - #00875	DC#:	00875
		Div.:	
Address:	3030 Airport Road East Macon D.C., 00875	Trailer number:	156425
		Seal number(s):	2777202
City/State/Zip:	Macon, GA 31216	SCAC:	SCNX
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
<b>SPECIAL INSTRUCTIONS:</b> ME# 794554628		Appointment Time	Actual Driver Arrival Time
		1400 AM	1400 AM
			18:45 AM
			PM

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	Dept#	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12390461	411	54	898.21	Y	N	06757166000473152	00830	
12390461	411	50	854.51	Y	N	06757166000473138	00855	
12390461	411	136	2330.06	Y	N	06757166000473145	00840	
12390461	411	55	977.38	Y	N	06757166000473121	00860	
12390461	411	183	3103.58	Y	N	06757166000473169	00810	
12390461	411	48	788.37	Y	N	06757166000473091	00885	
12390461	411	90	1515.71	Y	N	06757166000473114	00865	
12390461	411	179	3005.59	Y	N	06757166000473084	00890	
12390461	411	19	329.62	Y	N	06757166000473107	00875	
<b>Grand Total</b>		814	13803.03					

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 _____"	<b>COD Amount \$</b> _____ <b>Fee Terms:</b> 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.

<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>Sean [Signature]</i>	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input 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. <i>[Signature]</i>
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Date: 11/26/2019 6:35:45 PM

## Master Bill Of Lading

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SHIP FROM				SHIP TO				THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: E & E COMPANY LTD				Name: Kohls Dist. Center - #00875				Name:			
Address: 550 Northport Pkwy				Address: 3030 Airport Road East				Address:			
City/State/Zip: Port Wentworth, GA 31407				City/State/Zip: Macon D.C., 00875				City/State/Zip:			
SID#: _____ FOB: <input type="checkbox"/>				SID#: _____ FOB: <input type="checkbox"/>				SID#: _____ FOB: <input type="checkbox"/>			
Master Bill of Lading Number: 06757166000473176				CARRIER NAME: Schnelder National				Freight Charge Terms:			
Trailer number: 156425				Seal number(s): 2777202				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>			
SCAC: SCNX				Pro Number:				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING			
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(e) of NMFC Item 369</small>	LTL ONLY				
QTY	TYPE	QTY	TYPE				NMFC #	CLASS			
814	ctns			13803.03		Throws, Blankets	49040	150			
814				13803.03		<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"/>	
<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 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.		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 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.	

CB2000410

Date: 11/26/2019 6:35:35 PM

**Bill Of Lading**

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<b>SHIP FROM</b>		Bill of Lading Number: 06757166000473169	
Name:	E & E COMPANY LTD	 (402)06757166000473169	
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			
PHONE:		<b>CARRIER NAME:</b> Schnieder National	
VENDOR:	000074879	Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: 156425	
Name:	Kohls Dist. Center - #00810	Location #: 00810	Seal number(s): 2777202
Address:	7855 County Road 140	Findlay D.C., 00810	<b>SCAC:</b> SCNX
City/State/Zip:	Findlay, OH 45840		<b>Pro Number:</b>
CID#:	794554628	FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: <input checked="" type="checkbox"/> 3rd Party:
Address:			
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
PM-REL-14103989 Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12390461 Dept#: 411	183	3103.58	Y	N	
<b>Grand Total</b>	183	3103.58			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 368</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
183	ctns			3103.58		Throws, Blankets	49040	150
183				3103.58		<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> _____ <b>Fee Terms:</b> 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	

<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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input 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.: 5245580 Order Date: 11/18/2019 Customer: KOHLS DIST. CENTER - Customer PO No.: 12390461  
#00810

<b>SHIP FROM:</b> E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	<b>BILL TO:</b> KOHLS STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	<b>Shipping Date:</b> 11/26/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
93CUUHTBLFU	KL54-2747	086569267863	Solid Microlight Heated Blanke	EA	2	38	19	38	19
93CUUHTBLQU	KL54-2748	086569267870	Solid Microlight Heated Blanke	EA	2	56	28	56	28
93CUUHTBLKG	KL54-2749	086569267894	Solid Microlight Heated Blanke	EA	2	10	5	10	5
93CUUHTBLTW	KL54-2750	086569267788	Solid Microlight Heated Blanke	EA	2	76	38	76	38
93CUUHTBLFU	KL54-2751	086569267849	Solid Microlight Heated Blanke	EA	2	72	36	72	36
93CUUHTBLQU	KL54-2752	086569267825	Solid Microlight Heated Blanke	EA	2	84	42	84	42
93CUUHTBLKG	KL54-2753	086569267887	Solid Microlight Heated Blanke	EA	2	30	15	30	15

<b>Total Weight:</b>	<b>3103.58</b>
<b>Total Quantity Ordered:</b>	<b>366</b>
<b>Total Cartons Ordered:</b>	<b>183</b>
<b>Total Quantity Shipped:</b>	<b>366</b>
<b>Total Cartons Shipped:</b>	<b>183</b>